

CITY OF QUINCY

OFFICE OF INSPECTION

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planning@quincyl.gov



Minimum Housing Complaint Form

Today's Date: _____

Address: _____

Name: _____

First

Last

Telephone: _____

Email: _____

How long have you lived at this address? _____

Do you have a written lease or rental agreement?

Yes

No

How long have you been aware of the problems? _____

Have you informed the landlord, owner of the property, or property manager of this complaint?

Yes

No

Please tell us who you spoke with and when: _____

Property Owner Name: _____

First

Last

Please describe the problem:

X

Signature