

Housing Authority of the County of Dauphin

REQUEST FOR A COMPLAINT INSPECTION

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Unit Number: _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Landlord Phone: _____

How long have you had the issue(s)? _____ days

Have you notified your landlord of the issues? No Yes Date you notified landlord _____

How did you notify the landlord Email Phone Online work order In Person

I am requesting a complaint inspection of the above unit due to the following:

1. Emergency repair item: [check one below if applicable]

- Lack of security for the unit
- Waterlogged ceiling in imminent danger of falling
- Major plumbing leaks or flooding
- Natural gas leak or fumes
- Electrical problem which could result in shock or fire
- No heat
[only when outside temperature is below 60° F and inside temperature is below 60° F]
- No water in unit
- No running hot water
- Obstacle which prevents tenant's entrance or exit
- Lack of functioning toilet

2. Non-emergency repair item: [any item not listed above]

Please describe the nature of the problem and check the area in the unit that it is located –

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Exterior |
| <input type="checkbox"/> Other _____ | |