



BURBANK LANDLORD-TENANT COMMISSION TENANT COMPLAINT / REQUEST FOR INFORMATION FORM

(One questionnaire per tenant)

Date: _____

THE LANDLORD TENANT COMMISSION PROVIDES INFORMATION AND RESOURCES ONLY. THE COMMISSION DOES NOT HAVE ANY LEGAL AUTHORITY AND DOES NOT PROVIDE LEGAL ADVICE.

This form is a public record; subject to disclosure.

HAVE YOU HIRED AN ATTORNEY?

Please respond: YES NO

Name: _____

Contact Number: _____

Address: _____

E-mail: _____

City: _____

Move-in Date: _____

Unit Type: House Apartment ADU
 Duplex Triplex

Current Rent: _____

Do you have a lease: Yearly Month-to-month

Lease Expiration Date: _____

Owner Occupied? Yes No

Number of units in building: _____

Number of occupants: Adults _____ Minors _____

Number of bedrooms: Studio 1 bedroom 2 bedroom 3 bedroom

Do you have a lease: Yearly Month-to-month

How did you hear about us? _____

Personal Information
(Please print legibly)

Problem/Issue

Briefly Explain:

When did you first report the problem to manager/owner? _____ Did they respond?
Is the manager on-site?

Property Information

Is the building more than 15 years old? Yes No

Recent Rent Increases: Date: _____ From: \$ _____ To: \$ _____

Date: _____ From: \$ _____ To: \$ _____

Owner(s) Name: _____ Address: _____ Tel: _____

Email Address: _____

Prop Mgr Name: _____ Address: _____ Tel: _____

Email Address: _____

AB1482

Are you being evicted? Yes No
(If **NO**, do not proceed. If **YES**, please answer questions below.)

Were you given a Notice of Violation? Yes No

Were you given the opportunity to cure the violation(s)? Yes No

Were you offered a relocation assistance or waiving of one month rent? Yes No

Attach any additional documentation to this form.

This form is completed voluntarily and the information it contains may be shared at an open public meeting.

RETURN TO:
CITY OF BURBANK HOUSING AUTHORITY
150 N. THIRD STREET, 2ND FLOOR
BURBANK, CA 91502

asandoval@burbankca.gov
TEL: 818.238.5180