Case No.	
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TOWN OF MANCHESTER, CONNECTICUT FAIR RENT COMMISSION

COMPLAINT FORM

Please mail this document for filing to the Town Attorney's Office, 41 Center St., P. O. Box 191, Manchester, CT 06045-0191. If you have any questions, you may reach the Town Attorney's office at 647-3132. The fax number is 647-3134.

Name of Complainant(s):	
Telephone:	
Name of tenant(s) on the lease:	
Address of rented premises:	
Total number of persons occupying the premises:	
Total number of persons permitted to occupy under this lease:	
Name of landlord(s):	
Address of landlord(s):	
Term of lease in effect:	Month to MonthYearly
Form of lease:	Oral
	Written**

Briefly describe your complaint in the space below:				
Category of complaint Please check ()				
Increase in rent Condition of premises Reduction in services				

Monthly rental amount:	\$
Date of your most recent rent payment:	
Your most recent payment was for what month:	
Amount of your last payment:	\$
How long have you lived at these premises:	
When was your last rent increase:	
What was the rental payment before the increase:	\$
Number of rental increases in the last two years:	
Amount of increases:	\$
Other charges/costs of premises:	
Check () if paid for by tenant:	
Gas	Electricity
Heat	Oil
Water	Taxes
Age of premises:	Type of unit:
Total number of rooms in rental premises:	
Place check () next to rooms:	
Kitchen	Living room
Dining room	Number of bathrooms
Number of bedrooms	

Other areas rented:	
Garage	Attic
Basement	Other
	Signature of Complainant(s)
	Date:
Received for Filing:	
Town Attorney's Office Town of Manchester	
Date:	

Rev. 12/11/01