



**TOWN OF BLOOMFIELD**  
**FAIR RENT COMMISSION**

*Please mail this document for filing to the Town Manager's Office, 800 Bloomfield Avenue, Bloomfield, CT 06002. If you have any questions, you may reach the Town Manager's Office at (860) 769-3504. The fax number is (860) 242-2965.*

Date of Complaint: \_\_\_\_\_

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): \_\_\_\_\_

Phone Number of Landlord: \_\_\_\_\_

Term of Lease in effect:    Month to Month \_\_\_\_\_    Yearly \_\_\_\_\_

Form of Lease: Oral/Written\* \_\_\_\_\_

**\*If written lease, please provide a copy of the lease with this complaint.**

