



REFERRAL FORM

Case Number

Empty rectangular box for Case Number

Address of Property Causing the Problem:

(Street No.) (Street Name) (Zip Code)

Village: Township:

Property Owner: Phone:

Address:

Fax: E-mail:

Briefly Describe the Property Causing the Problem:

Four horizontal lines for describing the property problem

Is this rental property? _____

Manager's Name: Manager's Phone: _____

Were you aware of this problem when you moved in? _____

How long has this problem existed? _____

Referral Name: Phone: _____

(Your Name and Address)

Mailing Address: _____

Fax: E-mail: _____

(Signature) (Print or type name here) (Date)