



REFERRAL FORM

Case Number

Referral Name: _____ **Phone:** _____
 (Your Name and Address)

Mailing Address: _____

Fax: _____ E-mail: _____

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

Briefly Describe the Property Causing the 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? _____

Have you discussed this problem with the owner? _____

What was the property owner's reaction? _____

Address of Property Causing the Problem:

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

Village: _____ Township: _____

Property Owner: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____