



# 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: \_\_\_\_\_