Landlord/Tenant Complaint Form

Community Development
111 E. Maple Avenue
Independence, MO 64050
(816) 325-7079
blicenses@indepmo.org

Tenant Information and Location

Your Name

Your Address (include unit number if applicable)

Your Contact Phone Number

Your Contact Email

Please describe your concern or complaint

FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW.

By signing below, I hereby agree that the information provided above is accurate and:

- I consent that representatives of the City of Independence Community Development Department can enter my property to inspect for violations of the ordinances of the City of Independence.
- I understand that a city staff member will contact me by phone to set a time for the inspection.
- I understand that the City of Independence can only assist with property maintenance violations and cannot intervene on civil matters including rent payments or evictions.
- I verify that I have contacted my landlord and made a request to have these issues corrected and given them a reasonable opportunity to make the needed repairs.
- I confirm that I live in the City of Independence and understand that the Independence City Code only applies within city limits.

Your Signature

Date