



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031
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Phone (507)238-9461

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**Complaint Form
(Residential Rental Properties)**

Date: _____ License # _____ Complaint ID # (Staff) _____
Date received by City _____

Complainant Information

Name: _____ Phone Number: _____
Address: _____ City/State/Zip: _____

Violation Information (complete as much as possible)

Owner/Representative: _____ Phone Number: _____
Address: _____ City/State/Zip: _____

I have attached a copy of my written complaint that was sent to the owner/representative on:
_____ (date)

Details of complaint (attach pages as needed): _____

By signing, I certify that the above and any attached information as true and correct. I understand that if my complaint is found invalid, I may be assessed an inspection fee.

Name

Date