

**CITY OF SOUTHFIELD**  
**Single or Multi-Family – Tenant Complaint**

26000 Evergreen Road, P. O. Box 2055  
Southfield, MI 48076-2055  
(248) 796-4100

**\*\* Are you currently occupying the premises?**                      **Yes**                      **No**  
**(Please Select One)**

**Single Family Home**

**Apartment**

**Fee: \$50 Non-refundable inspection fee**

**Date:** \_\_\_\_\_

**Complex or Owner Name:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_

**Address/Unit#:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_