



**CITY OF CLIVE**  
1900 NW 114<sup>th</sup> Street  
Clive, IA 50325-7077  
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# TENANT/LANDLORD COMPLAINT FORM

At least seven (7) days prior to submitting a complaint to the City, written notice of this alleged violation(s) must be given to the property owner or manager.

**TENANT INFORMATION**

Name

Address

Mailing Address

Phone Number

E-mail Address

**OWNER/MANAGER INFORMATION**

Owner/Manager Name

Owner/Manager Phone

Please describe the alleged code violation(s):


\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

*Submit this completed form to property owner or property manager. Retain copy for your records.*