

**RED LION BOROUGH
HOUSING COMPLAINT FORM**

ADDRESS OF PROPERTY _____

TENANT:

PROPERTY OWNER:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Signature _____

Date _____

For action on complaints all information must be filled out and signed.

1) EXTERIOR

Y N

- Foundation, roof walls, doors, windows, skylights weather-tight, watertight, damp free, sound condition.
- Exterior wood surfaces painted or sealed
- Windows, doors and exterior walls rodent proof
- Window screens
- Property maintained to prevent rodent harborage
- Accessory structures and fences structurally sound and maintained in good repair painted, free of vermin
- Porches, railings, stairs in sound condition and good repair. Steps shall have uniform risers.
- Premises graded, drained, free of standing water
- Premises clean sanitary and safe condition.
- Owner supplied facilities/containers for sanitary and safe storage and/or disposal of rubbish and garbage.
- Evidence of infestation by vermin, insects, etc.
- Fire escape in sound condition and good repair.

Comments _____

2) INTERIOR

Kitchen

Y	N	
___	___	Kitchen sink with adequate hot and cold water, in good operating condition.
___	___	Cabinets, shelves and counter or table for food preparation, in good condition.
___	___	Floors impervious to water, in good condition, clean and sanitary condition.
___	___	Stove in good working condition, clean, sanitary and safe.
___	___	Refrigerator in good working condition, clean, sanitary and safe.
___	___	Ventilation system, window or mechanical vented to the exterior of the building.
___	___	Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area)
___	___	At least one supplied ceiling or wall light with switch located to permit area ahead to be lighted.
___	___	Walls, windows, ceiling in good condition.
___	___	Suitable facility for the storage of household cleaners, poisons, etc.

Comments _____

Bathroom

Y	N	
___	___	Room with toilet, that is in good condition and operates properly.
___	___	Door for privacy
___	___	Lavatory sink in same room as toilet, in good working condition, hot and cold water.
___	___	Bathtub or shower, in good working condition, adequate hot and cold water, properly connected.
___	___	Floors impervious to water, in good condition, clean and sanitary condition.
___	___	Ventilation system, window or mechanical vented to the exterior of the building.
___	___	At least one supplied ceiling or wall light with switch located to permit area ahead to be lighted.
___	___	Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area)
___	___	Walls, windows, ceiling in good condition.
___	___	Suitable facility for storage of drugs. (medicine cabinet)

Comments _____

Bedroom _____

Y	N	
___	___	Windows, openable with screens
___	___	Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area)
___	___	Closet space, four square feet floor to ceiling for each occupant.
___	___	No through bedroom access to other bedroom or bathroom.
___	___	Walls, windows, ceiling in good condition.

Comments _____

Bedroom _____

- | Y | N | |
|----------|----------|---|
| ___ | ___ | Windows, openable with screens |
| ___ | ___ | Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area) |
| ___ | ___ | Closet space, four square feet floor to ceiling for each occupant. |
| ___ | ___ | No through bedroom access to other bedroom or bathroom. |
| ___ | ___ | Walls, windows, ceiling in good condition. |

Comments _____

Bedroom _____

- | Y | N | |
|----------|----------|---|
| ___ | ___ | Windows, openable with screens |
| ___ | ___ | Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area) |
| ___ | ___ | Closet space, four square feet floor to ceiling for each occupant. |
| ___ | ___ | No through bedroom access to other bedroom or bathroom. |
| ___ | ___ | Walls, windows, ceiling in good condition. |

Comments _____

Bedroom _____

- | Y | N | |
|----------|----------|---|
| ___ | ___ | Windows, openable with screens |
| ___ | ___ | Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area) |
| ___ | ___ | Closet space, four square feet floor to ceiling for each occupant. |
| ___ | ___ | No through bedroom access to other bedroom or bathroom. |
| ___ | ___ | Walls, windows, ceiling in good condition. |

Comments _____

Other rooms

Y	N	
___	___	Windows, openable with screens
___	___	Electrical outlets, minimum two. (One outlet for each 60 sq. ft. of floor area)
___	___	Walls, windows, ceiling in good condition.

General

Y	N	
___	___	Smoke detectors
___	___	Ceiling height - 7 feet
___	___	Labor & Industry Certificate (where required) more than 3 units
___	___	Occupancy per unit _____
___	___	Habitable rooms (rooms used for living, sleeping, cooking or eating)
___	___	Heating and/or cooling system(no space heaters using an open flame)
___	___	Egress, fire or emergency
___	___	Stairway or corridor lighting
___	___	Fire Extinguisher, 1 (one) per floor

Comments _____
