



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

Rent Leveling Board

ROBERT D. PARISI
Mayor

Tel: (973) 325-4107
rentlevelingboard@westorange.org

TENANT COMPLAINT FORM

Address of Complaint: _____ Unit: _____

Tenant(s) Name: _____

Telephone Number: _____ Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Contact information - Email _____ Phone Number: _____

Does the landlord currently reside in the same dwelling? Yes No

Do you have a current lease? Yes No

Is your lease annual or monthly? Annual Monthly

Lease start date: _____ Lease end date: _____

Current lease amount: \$ _____ Proposed rent increase: \$ _____

Are you currently residing in the unit? Yes No

If not, when did you vacate? _____

Please describe the complaint below:

Print Name

Signature

Date: _____

FOR OFFICIAL USE ONLY – DO NOT FILL IN BELOW

Reviewed by: _____

Date: _____

Title: _____

West Orange Rent Leveling Board Hearing date: _____

Disposition: Affirmed _____ Denied _____