



Phone (507) 375-3214

124 Armstrong Blvd S- St. James, MN

www.ci.stjames.mn.us

Complaint Form- (Rental Properties)

Date: _____

Complainant Information

Name: _____ Phone # _____

Address _____ City/State/Zip _____

Violation Information (complete as much as possible)

Owner/ Representative: _____ Phone # _____

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.

Signature

Date