## RESIDENT COMPLAINT

## **Cass Lake Front Apartments**

Resident Name:		Date Written:	
Unit #:	Address:		
Telephone :	#'s:		
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Address of	who the complaint is against:		
Resident Na	ame (if known):		
Unit #:	Address:		
Other locati	on information:		
	e complaint:		
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What can b	e done to resolve complaint:		
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D :1 :0:			
Resident Si	gnature:		

OFFICE USE OF	NLY:		
Resident Name:			
Unit #:	Address:		
Telephone #'s:_		· · · · · · · · · · · · · · · · · · ·	
Actions Taken			
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Violation Issued:	<u> </u>	Violation Cleare	ed:
			Scan into RM: