



Request for Complaint Inspection

Tenant Information

Name: _____ Date: _____

Last 4 of SSN: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Unit Number: _____

City: _____ State: _____ Zip Code: _____

How long have you had the issue(s)? _____ days

Have you notified your landlord? No Yes Date you notified landlord: _____

How did you notify your landlord? Email Phone Online Work Order In Person

What is the best time to contact you? _____

I am requesting a complaint inspection for the above unit due to the following:



Any individual with a disability or other medical need who requires accommodation should contact the Housing Authority of Bexar County at (210) 225-0071.

Si necesita ayuda en la traducción de este documento, llame al (210) 225-0071 para asistencia