



CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

Telephone: (207) 493-4234

Fax (207) 376-0178

www.cariboumaine.org



REQUEST FOR A COMPLAINT INSPECTION

Head of Household: _____

Address: _____

City: _____ Phone Number: _____

How long have you had the issue(s)? _____ Days / Weeks / Months / Don't Remember

Have you notified your landlord of the issue(s)? No

Yes Date you notified landlord: _____

In writing? No Yes

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

CERTIFICATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x. _____
Signature of Section 8 Head of Household Date

****If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.****