

Signature:\_

Tracking No:		

Head Office: 44-46 South Quay, Port of Spain | Tel: 868-612-7HDC (7432) | Fax: 868-624-7613 w w w . h d c . g o v . t t

## **COMPLAINTS / REPAIRS FORM** Name:\_\_\_\_\_ Telephone Contact:\_\_\_\_\_ Unit Type: Townhouse Single Unit Apartment Other Amount Years Occupied: Agreement Type: Rental Mortgage Rent to Own License to Occupy Account Status: Address (Building / Lot / Unit #):\_\_\_\_\_ Please specifically identify and itemize possible defects in the unit inside or outside the property where necessary. Defects: Signature:\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_ HDC Officer Comments:

Date: