



City of Bridgeport

Department of Health & Social Services

Fair Rent Commission

Joseph P. Ganim
Mayor

Dr. Elizabeth Rivera-Rodriguez, MPH
Director of Public Health

COMPLAINT WITHDRAWAL

Date: _____ Time: _____

RE: FRC Case #: _____

Complainant Full Name

v.

Respondent Full Name

Address

Business/Company LLC.

City, State, zip code

Address

Email: _____

City, State, Zip Code

Email: _____

I, _____ (complainant/respondent). Do hereby withdraw my excessive rent complaint filed with the City of Bridgeport Fair Rent Commission on _____ against my Landlord: _____.

Case Disposition: The matter(s) (noting reported issues) brought forward as a complaint have been resolved to standards agreeable to the complainant.

The complainant has agreed on the following:

1. _____

2: _____

3. _____

Effective Date: _____

Complaint Signature

Date

Complaint Signature

Date