



Joseph P. Ganim
Mayor

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Department of Health & Social Services

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Fair Rent Commission
COMPLAINT WITHDRAWAL

DATE: _____ **TIME:** _____ **FILE #:** _____

I, _____

Tenant in (Address) _____

Do hereby withdraw my excessive rent complaint filed with the FAIR RENT COMMISSION
on _____ against my LANDLORD:

Name: _____

Address: _____

Final Agreement: _____

Tenant Signature

DATE

Tenant Signature

DATE