City of Portland
Revenue Division

PAYDAY LENDER BORROWER COMPLAINT FORM

Please print legibly or type the information below

City in which the payday loan originated: _____

Borrower Information

Your Name_____Date_____

Your Address_____

City_____State_____ Zip Code_____

Phone_____Fax_____

Loan Number_____Loan Date_____

Lender Information

Business Name_____Date_____

Business Address_____

City_____State_____ Zip Code_____

Phone_____Fax_____

Complaint:

_____

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Return To:
Revenue Division
PO Box 8084
Portland, OR 97207-8084
hrios@portlandoregon.gov
503-865-2488