



### REQUEST FOR INSPECTION

To be completed by landlord/tenant. **The smoke alarm must work!!**

Tenant Information		
Name: _____		
Current Address: _____		
City, State, Zip Code: _____		
Home Phone: _____	Cell: _____	Work: _____

Description of Unit to be Inspected		
Unit Address: _____		Apt. No. _____
City, State, Zip Code: _____		
No. of Bedrooms: _____	Square feet: _____	
Street coordinates or special instructions: _____		
Date unit will be available for inspection: _____		
Type of Unit: <input type="checkbox"/> Single Family	<input type="checkbox"/> Semi-detached/Row House	<input type="checkbox"/> Garden/Walk up
<input type="checkbox"/> Elevator/High Rise	<input type="checkbox"/> Mobile Home	Date Constructed: _____
Name of Complex : _____		
Owner's Name: _____	Phone: _____	
Owner's Address: _____	Fax _____	
Owner's email: _____		
Manager's Name: _____	Phone : _____	
Manager's Address: _____	Fax _____	
Manager's e-mail: _____		

(Office Use Only)

Voucher Size \_\_\_\_\_

Client No. \_\_\_\_\_

Date given to Inspector \_\_\_\_\_

Case Manager \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Inspector \_\_\_\_\_

