

OCCUPANCY INSPECTION REQUEST

*A \$50.00 inspection fee must be paid prior to inspection.
Only 1 (one) re-inspection will be provided at no cost.
All Corrections must be completed at time of re-inspection.*

_____ OWNER

_____ RENTER

Inspection Address _____

NAME _____ PHONE _____

NAME OF OWNER (if rental) _____

ADDRESS _____ PHONE _____

NAMES OF ALL OCCUPANTS WHO WILL BE RESIDING AT ADDRESS:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

ALL WATER&TRASH BALANCES MUST BE CURRENT PRIOR TO NEW SERVICE

***~*All inspections are by appointment only. Monday – Thursday
7am-3pm ONLY unless otherwise arranged by Inspector.*~***

By signing, I acknowledge and agree to the above conditions.

_____ Date/Time _____

Owner/Renter Signature of Agreement to Conditions

FOR OFFICIAL USE ONLY:

DATE _____ TIME _____ INSPECTION # _____

PASS _____ DID NOT PASS _____

INSPECTION PERFORMED BY _____