

FEE PAID: \_\_\_\_\_  
(check, cash, credit card)

INSPECTION # \_\_\_\_\_

**OCCUPANCY INSPECTION REQUEST**

*A \$50.00 inspection fee must be paid prior to inspection.  
If not in compliance, 1 (one) re-inspection will be provided at no additional cost.  
All Corrections must be completed at time of re-inspection.*

Inspection Address \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ OWNER \_\_\_\_\_ RENTER

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\*~\***

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

\_\_\_\_\_ Date \_\_\_\_\_  
Owner/Renter Signature of Agreement to Conditions

**FOR OFFICIAL USE ONLY:**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PASS \_\_\_\_\_ DID NOT PASS \_\_\_\_\_

INSPECTION PERFORMED BY \_\_\_\_\_