

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.
Electric and water service must be on at time of 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 _____