

# **Voluntary Residential Inspection Program** **Request Form**

Voluntary Housing Inspection Number \_\_\_\_\_

	Property Owner/ Manager Information	Tenant Information
Name		
Address		
Phone: Home Cell Work		
Property Address and Unit Numbers		

Fees are determined **per dwelling unit** located within the same building.

Example: Triplex (3) First dwelling unit	\$15.00 = \$15.00
Additional number of units	<u>2 X \$30.00 = \$60.00</u>
	Total = \$75.00

First dwelling unit	\$15.00 =	\$15.00
Additional number of units_____X	\$30.00 =	_____
	<b>Total =</b>	_____

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_