



REQUEST FOR INSPECTION

Residential Rental Properties

Date: _____

Property Information

Address/Location/Description of Property

Description of Complaint

Reason for Inspection

Inspection Requested By

Name		
Permanent Address	Home Phone	Business Phone
City	State	Zip Code
e-mail Address		
Signature		

Please fax to 517-546-6030. Or Mail to:
City of Howell, Community Development Department, 611 E Grand River Ave., 3rd Floor, Howell, MI 48843

Office Use Only:

Request Hazard Fire Utility Inter/Exter Secure Weed Yard Lot

REGISTERED: Yes No

ADDRESS: _____

PROPERTY ID: 4717- _____

NAME of TENANT(s) _____

- Complaint Entered
- First Inspection Letter Sent to Property Owner/Responsible Party
- Inspection Scheduled _____
- Tenant Notified/Inspection Warning Posted

Code Sections said to be violated: _____

CASE SCREEN:

New Open

Unique # _____ Inspector _____ Start Date _____ Type _____

New Open

Unique # _____ Inspector _____ Start Date _____ Type _____

Recorder: _____