



# Request for Inspection

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Is this unit in the City Limits? \_\_\_\_\_ Outside? \_\_\_\_\_

Is this unit Vacant? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO when will this unit be vacant/ready: \_\_\_\_\_

Do you currently live in this unit? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES when did you move in. \_\_\_\_\_

How many children under the age of 6? \_\_\_\_\_

Is this unit Super Good Cents? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES initial here to certify \_\_\_\_\_

Is there an electric fan with the heat source? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any WATER/ELECTRIC/GAS meters that are shared with any other family or building? YES/ NO

If YES, please explain: \_\_\_\_\_

Does the unit have a septic tank? YES \_\_\_\_\_ NO \_\_\_\_\_ WELL? YES \_\_\_\_\_ NO \_\_\_\_\_

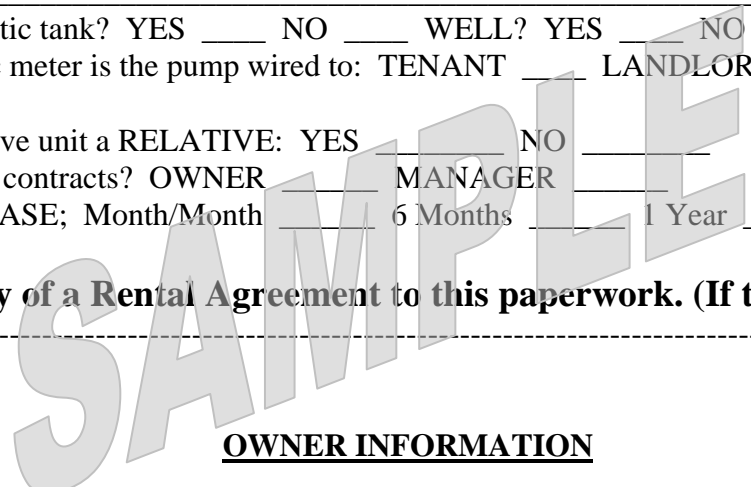
If a Well, whose electric meter is the pump wired to: TENANT \_\_\_\_\_ LANDLORD \_\_\_\_\_

Is the Owner for the above unit a RELATIVE: YES \_\_\_\_\_ NO \_\_\_\_\_

Who will be signing the contracts? OWNER \_\_\_\_\_ MANAGER \_\_\_\_\_

INITIAL TERM OF LEASE; Month/Month \_\_\_\_\_ 6 Months \_\_\_\_\_ 1 Year \_\_\_\_\_

**Please attach a copy of a Rental Agreement to this paperwork. (If this is a New Landlord).**



## OWNER INFORMATION

OWNER'S NAME: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## MANAGER INFORMATION

MANAGER'S NAME: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**\*\* If a MANAGER will be signing, a COPY OF THE MANAGEMENT AGREEMENT will be Required. \*\***

