

# Occupancy Inspection Form

*\$75.00 Inspection fee must be paid prior to inspection.*

*\*\* Electricity must be turned on before Inspection.*

\_\_\_\_\_ Owner      \_\_\_\_\_ Renter

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Address of  
Landlord \_\_\_\_\_

NAMES OF ALL OCCUPANTS WHO WILL BE RESIDING AT THIS  
LOCATION:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**\*Any existing water bills must be paid prior to new  
water service.**

For Office Use Only:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Inspection #** \_\_\_\_\_

\_\_\_\_\_ **Pass**      \_\_\_\_\_ **Do Not Pass**

\_\_\_\_\_ **Officer**