

# Township of Moon

## RENTAL INSPECTION REQUEST/REPORT FORM

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Number)

Inspection Address: \_\_\_\_\_  
(No.) (Street)

Subdivision/Project: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Cell Phone No.)

\_\_\_\_\_  
(Mailing Address) (No.) (Street) (City) (State) (Zip)

Property Owner Name: \_\_\_\_\_ (Phone No.)

\_\_\_\_\_  
(Mailing Address) (No.) (Street) (City) (State) (Zip)

Date and Time Requested: \_\_\_\_\_

Time Inspected: \_\_\_\_\_ Site Contact Person: \_\_\_\_\_

Inspection Results: [PASSED] [CONDITIONAL] [PARTIAL] [FAILED] [NOT READY]  
[VIOLATION CLEARED] [REINSPECTION REQUIRED]

Conditions/Comments/Violations: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_