

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 _____