



REQUEST FOR SERVICE

Housing Inspection Request

Residential Rental Units

Planning & Development Department
Building & Safety Division
Housing Code Enforcement

PROPERTY ADDRESS: _____ DATE: _____

Reported By: Tenant Other _____

Name: _____ Day Phone: _____

Address: _____ Zip: 947____ Night Phone: _____

Email Address: _____

Check this box if you are submitting this form in order to have the City verify the accuracy of the representations made by the property owner on the **RHSP Schedule A checklist**. Please attach a copy of the completed **RHSP Schedule A checklist** provided to you by the property owner.

Owner: _____ Day Phone: _____

Address: _____ Night Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

INVESTIGATE:

- | | |
|---|--|
| <input type="checkbox"/> Electric – lights/outlets/switch | <input type="checkbox"/> Peeling paint |
| <input type="checkbox"/> Elevator operation | <input type="checkbox"/> Plumbing leak |
| <input type="checkbox"/> Entry door locks | <input type="checkbox"/> House sewer blockage |
| <input type="checkbox"/> Lack of electric service | <input type="checkbox"/> Required exit blocked |
| <input type="checkbox"/> Lack of gas service | <input type="checkbox"/> Resident manager (16 or more units) |
| <input type="checkbox"/> Lack of heat | <input type="checkbox"/> Roof leak |
| <input type="checkbox"/> Lack of hot water or water service | <input type="checkbox"/> Stairs/railing/deck |
| <input type="checkbox"/> Lack of smoke detector | <input type="checkbox"/> Window(s) operation/broken |
| <input type="checkbox"/> Lack of carbon monoxide device | <input type="checkbox"/> Other _____ |

TENANTS ONLY: I certify that I have notified the owner/manager of the above identified problem(s) and I will allow the owner and/or his/her agents, with proper notice as governed by State law, to enter my unit in order to make all necessary repairs.

Signature: _____ Date: _____

White – Case File

Yellow – Complainant