

**Rental Inspection Property Notification**

804-520-9297 / Fax 804-524-8755

**RENTAL PROPERTY ADDRESS:** \_\_\_\_\_  
(Complete one form for each dwelling unit)

**OWNER INFORMATION:**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**CO-OWNER INFORMATION:** (If Applicable)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PROPERTY MANAGER INFORMATION:** (If Applicable)

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Type of Dwelling:** (Check One)

Single Family      Duplex      Apartment      If Apartments: Total Number of Units \_\_\_\_\_

The person signing this form acknowledges that this property is located within one of the designated rental inspection districts. The owner or designated agent is responsible for scheduling all inspections and meeting the inspection compliance dates within the time frames designated unless prior arrangements are made through this office. The Building Inspections office should be notified by letter should the property change from rental to owner-occupied or change from owner-occupied to rental. We must also be notified if the property is sold.

**Signature of Person Completing Form** \_\_\_\_\_

**Date** \_\_\_\_\_ **Owner**      **Agent**      (check one)