

M4 - APPLICATION FOR PRELIMINARY INSPECTION SERVICE

Date: _____

Property Address: _____

One (1) Family Vacant Occupied Occupant: _____

Two (2) Family Vacant Occupied Occupant: 1st Unit: _____ 2nd Unit: _____

METHOD OF ENTRY FOR INSPECTIONS:

Lock Box: _____

Alarm: _____

MAIL CERTIFICATE OF APPROVAL TO:

Owner Applicant

OWNER (OR AUTHORIZED CORPORATE CONTACT INFORMATION):

First Name: _____ M.I.: _____ Last Name: _____

Corporate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Phone - Business: _____ Phone - Cell: _____

APPLICANT (OR AUTHORIZED CORPORATE CONTACT INFORMATION):

First Name: _____ M.I.: _____ Last Name: _____

Corporate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Phone - Business: _____ Phone - Cell: _____

AFFIDAVIT OF OWNER OR AUTHORIZED REPRESENTATIVE

I hereby certify that the above information is correct and that I am the legal owner of the above property address or an authorized representative of the legal owner

Signature of owner or authorized representative: _____ Date: _____

For Office Use Only

L & P HSG Attachments Mail In Counter LV. Report

PRE # _____ Date: _____

