

CITY OF TAYLOR

23555 GODDARD ROAD – TAYLOR MICHIGAN 48180

PHONE (734) 374-1348

For Office Use Only:

Date _____
Inspection Scheduled

Time _____

RENTAL INSPECTION

DATE _____

Rental Property Address _____

Property I.D. Number _____

This request, when properly signed, grants permission to the Housing Inspector to inspect the above premise.

Requester _____ Phone (____) _____

Owner _____ Address _____

City _____ State/Zip _____ Phone _____
(No P.O. Boxes)

Tenant(s)' Name(s) _____ Phone _____

**ALL RENTAL HOMES MUST BE IN COMPLIANCE AT ALL TIMES.
INSPECTIONS MUST BE COMPLETED PRIOR TO EXPIRATION OF CURRENT
COMPLIANCE CERTIFICATE – IF APPLICABLE.**

Applicant's Signature _____ Clerk _____ Total Fee \$ _____

Notes: