



CITY OF TAYLOR
23555 GODDARD ROAD – TAYLOR MICHIGAN 48180
PHONE (734) 287-6550

RENTAL INSPECTION

For Office Use Only:

Date _____
Inspection Scheduled

Time _____

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)

Homeowner's e-mail address _____

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.**

This request, when properly signed, grants the person responsible for the property with a notice of his or her right to seek modification or withdrawal of the order by appealing to a board of appeals according to Section 111 of the IPMC.

Applicant's Signature _____ Clerk _____ Total Fee \$ 200.00

Notes: