



# 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: 947 \_\_\_\_\_

Home  Cell  Office  Other

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Home  Cell  Office  Other

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: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home  Cell  Office  Other

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home  Cell  Office  Other

#### INVESTIGATE:

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

#### TENANTS ONLY:

Be advised that prior to submittal of the Request for Service, you must certify the following:

- I certify in making this complaint that I am the lease holder/tenant at the address that I am reporting.
- I certify that I have notified the owner/representative of the problem(s) that I am reporting.

Date Owner Notified: \_\_\_\_\_

Notification Method:  Phone  In-Person  E-mail  Mail  Other \_\_\_\_\_

- I certify I will allow the owner and/or their representatives, with proper notice as governed by State law, to enter my unit to make all necessary repairs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

White – Case File

Yellow – Complainant