

HOUSING INSPECTION REQUEST
RESALE/RENTAL INSPECTIONS- IF RENTAL MUST HAVE LANDLORD REGISTRATION
STATEMENT

DATE _____ SALE PRICE/RENTAL PRICE \$ _____

ADDRESS _____

BLOCK _____ LOT _____

OWNER'S NAME _____ PHONE # _____

OWNER'S E-MAIL _____

BUYER'S/TENANT'S NAME _____ PHONE# _____

BUYER'S/TENANT'S E-MAIL _____

SETTLEMENT DATE/MOVE IN DATE _____

CONTACT INFO:

AGENT _____

ADDRESS _____

AGENT'S E-MAIL _____

PHONE # _____

IF REPORT TO BE SENT TO A DIFFERENT NAME/ADDRESS
PLEASE LIST BELOW

NAME _____

ADDRESS _____

RETURN FORM TO : **Caitlyn Bryant or Anthony Trapanese**

FAX: 609-239-6293 OR EMAIL: **HousingInspection@twp.burlington.nj.us**

DO NOT WRITE BELOW
OFFICE USE ONLY

Appointment—Day _____ Time _____
Open Permits—Yes _____ No _____ Assessed Value \$ _____