

HOUSING INSPECTION REQUEST

DATE _____

SALE PRICE \$ _____

ADDRESS _____

BLOCK _____ LOT _____

OWNER _____

BUYER _____

SETTLEMENT DATE _____

CONTACT INFO:

AGENT _____

ADDRESS _____

PHONE NO. _____

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

NAME _____

ADDRESS _____

RETURN FORM TO Eileen Liss
FAX: 609-239-6293 OR EMAIL: erliss@twp.burlington.nj.us

DO NOT WRITE BELOW
OFFICE USE ONLY

Appointment—Day _____ Time _____

Open Permits—Yes _____ No _____

Assessed Value \$ _____