

RENTAL VOUCHER APPLICATION

- Instructions to Landlord: 1. Keep a copy of this completed form for your records.
 2. Provide a copy of this completed form to your local Housing Agency.

Date: _____

To The Code Enforcement Department - Board of Health:

RE: Tenant Name: _____ Telephone : _____

Address: _____

Unit #: _____

Unit: _____ Occupied _____ Unoccupied

I am the owner of the rental property listed above. Because my tenant at the address is a participate in the Massachusetts Rental Voucher Program (MRVP), I need to request an inspection of the unit indicated. I am requesting that the inspection be completed in as timely a manner as is possible.

So that I may provide the local Housing Agency with proof that I have made this request, please indicate the status of the inspection request by completing the lines below, and returning a copy to me.

Thank you for your assistance.

Sincerely,

Name: _____

Address: _____

Telephone: _____

 An inspection of the above unit has been scheduled for (specific date) _____ or
 the inspection will be scheduled for estimated date/week/month _____
 signed Code Enforcement _____ Municipal Agency,
 West Springfield Health Department, 26 Central Street, West Springfield, MA 01089, telephone
 (413) 263-3206.

\$75.00 Fee per unit for inspection
\$25.00 Fee for lead inspection