Housing Quality Standards Inspection
Signature Page

Tenant Name:_____

Street Address: _____

City: _____

Apartment/Unit #:   _____

Inspection Date: _____
Pass   or   Fail   (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____

Re- inspection Date: _____
Pass   or   Fail   (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____

Re- inspection Date: _____
Pass   or   Fail   (circle one)

List Outstanding Items that should be re-inspected below:

Inspector Signature: _____