



PROPERTY INSPECTION REQUEST

PROPERTY ADDRESS _____ Date: _____
Sale: _____ Rental: _____ Occupied: _____ Vacant: _____ No. bedrooms: _____
Name of Owner _____ Address: _____
City _____ State: _____ Zip: _____ Email: _____
Phone No. _____ Work: _____ Cell: _____
Sales Agent/rental agent name _____
Agent's Company _____
Address _____ Phone No. _____

Divers License

Signature of owner or agent

State

Date

Email

INSPECTION FEE: _____ \$115.00 Single-family and one and two-family dwellings (per unit)
Check one _____ \$115.00 multi-family dwelling (per unit)

NOTE: All fees include one (1) initial inspection and one (1) re-inspection. Make business checks only payable to the City of Cool Valley with a phone number on it (*Personal checks will NO longer be accepted*).

FOR OFFICE USE ONLY

Receipt No. _____ Amount of fee: _____ Date paid: _____

Received by: _____