

BOROUGH OF TRAINER

OCCUPANCY INSPECTION QUESTIONNAIRE

WE MUST HAVE PHYSICAL ADDRESS POST OFFICE BOX #'S ARE NOT ACCEPTABLE!!

DATE: \_\_\_\_\_

RENTAL PROPERTY LOCATION: \_\_\_\_\_  
\_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER'S PHONE # \_\_\_\_\_

OWNER'S CELL # \_\_\_\_\_

**IF MORE THAN ONE OWNER:**

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OWNER'S PHONE # \_\_\_\_\_

OWNER'S CELL # \_\_\_\_\_

TYPE OF PROPERTY

COMMERCIAL	YES	NO
APARTMENT	YES	NO – NUMBER OF APARTMENTS _____
SINGLE FAMILY DWELLING	YES	NO

OWNERS SIGNATURE: \_\_\_\_\_

REPRESENTATIVES SIGNATURE: \_\_\_\_\_