

CITY OF NEWBURGH

APPLICATION FOR PRE-RENTAL INSPECTION

DATE: _____

LOCATION: _____

FLOOR: _____ NUMBER OF DWELLING UNITS: _____

OWNER(S) NAME & ADDRESS: _____

OWNER'S REPRESENTATIVE: _____

OWNER (S) TELEPHONE NUMBER: _____

OWNER'S SIGNATURE: _____

IF FOR ANY REASON THE INSPECTORS DO NOT GAIN ADMITTANCE TO THE APPOINTED APARTMENT, THE FEE WILL NOT BE REFUNDED.
RE-INSPECTION FEE - \$50.00
CANCELLATIONS WILL BE HONORED IF MADE A DAY IN ADVANCE.

UTILITIES: _____ - _____
(ON) (OFF)

FOR OFFICE USE ONLY

APPOINTMENT SET FOR THE FOLLOWING DATE & TIME:

DAY	DATE	TIME
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_____ WILL MEET INSPECTOR ON APPT. DATE

PRE-PAYMENT OF ALL INSPECTION FEES IS REQUIRED

FIRST INSPECTION **\$75.00** FEE PAID – RECEIPT NO. _____

RE-INSPECTION IF NEEDED:

DATE _____ TIME _____ \$ FEE PAID - RECEIPT NO. _____

DATE _____ TIME _____ \$ FEE PAID - RECEIPT NO. _____

DATE _____ TIME _____ \$ FEE PAID - RECEIPT NO. _____

DATE _____ TIME _____ \$ FEE PAID - RECEIPT NO. _____