# Voluntary Residential Inspection Program Request Form

Voluntary Housing Inspection Number _______________________

<table>
<thead>
<tr>
<th>Property Owner/ Manager Information</th>
<th>Tenant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone: Home Cell Work</td>
<td></td>
</tr>
<tr>
<td>Property Address and Unit Numbers</td>
<td></td>
</tr>
</tbody>
</table>

Fees are determined per dwelling unit located within the same building.

Example: Triplex (3) First dwelling unit

\[
\text{Additional number of units} \times \$30.00 = \$60.00
\]

\[
\text{Total} = \$75.00
\]

First dwelling unit \(\$15.00 = \$15.00\)

\[
\text{Additional number of units} \times \$30.00 = \text{______}
\]

\[
\text{Total} = \text{______}
\]

*Service provided at no cost when application is submitted by a student through the ASUM Renter Center.

Signature: ____________________________________________

Please Print Name: ________________________________ Date: _______________