



TRANSIENT RENTAL INSPECTION REPORT

Section A. PROPERTY OWNER INFORMATION.

Owner / Corporation Name: _____

Corporate Officer Name & Title: _____

Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Annual Inspection _____ Re-Inspection _____

1. Rental Property Address: _____

Parcel No.: _____

INSPECTION ITEM	PASS	FAIL	NOTES
Electrical Receptacles			
Smoke Detectors/CO2 Detectors			
Wiring			
Electrical Panel			
Light Fixtures at Stairways/Doors			
Furnace			
Water Heater			
Leaks to Gas, Water, Waste lines			
Refuse, garbage, debris			
Fire Extinguishers			

Comments: _____

Inspection Date _____ By _____

PASSED INSPECTION _____

FAILED INSPECTION _____ RE-INSPECTION TO BE SCHEDULED