

**Request For Safety Inspection**

- Complete the form to include any new or updated information (including new tenants)
- Safety Inspection fee is \$50.00 per Unit
- Checks are to be made payable to North Versailles Township
- We will contact you by email or phone to schedule the appointment

Property Address:

\_\_\_\_\_

**OWNER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Tenant Information:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_