



Rental Safety Verification Program

Request for Inspection

This form is to be filled out by owners or property managers.

Contact information for tenant and other individuals will be collected at time of scheduling for each property.

Owner Information

First Name		Last Name	
Business Name (if applicable)			
Address		City	State
Work Phone		Cell Phone	Email
		Zip Code	

Property Manager Information

First Name		Last Name	
Business Name (if applicable)			
Address		City	State
Work Phone		Cell Phone	Email
		Zip Code	

Property Information (more spaces on next page)

State Parcel # *	Prop #	Prop Dir	Prop Street	Prop Suf	Unit #	Prop Zip	Total # Units (Apt Bldgs)	Year Built
<i>Example:</i> 71-08-12-152-005.000-026	227	W	Jefferson	Blvd	1300S	46601	140	1956

*State Parcel Numbers can be found using the search field in the upper left of this map: <https://bit.ly/2B09p3Z>

Printed Name of Requestor _____ Title of Requestor _____

Signature of Requestor _____ Date _____

Please submit completed request to:

Dept. of Community Investment, Neighborhood Health & Housing, 227 W. Jefferson Blvd., Suite 1300S, South Bend, IN 46601

~ or ~ [email to: rentalsafety@southbendin.gov](mailto:rentalsafety@southbendin.gov)



Rental Safety Verification Program

Property Information Continued

State Parcel # *	Prop #	Prop Dir	Prop Street	Prop Suf	Unit #	Prop Zip	Total # Units (Apt Bldgs)	Year Built
<i>Example: 71-08-12-152-005.000-026</i>	227	W	Jefferson	Bldv	1300S	46601	140	1956

*State Parcel Numbers can be found using the search field in the upper left of this map: <https://bit.ly/2B09p3Z>

Please submit completed request to:
Dept. of Community Investment, Neighborhood Health & Housing, 227 W. Jefferson Blvd., Suite 1300S,
South Bend, IN 46601
~ or ~ [email to: rentalsafety@southbendin.gov](mailto:rentalsafety@southbendin.gov)