



**Town of Wallingford**  
**HOUSING DEPARTMENT**  
**Application for Rental Housing Code Inspection**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Apartment Number / Unit Number / Floor Number: \_\_\_\_\_  
*(separate applications per unit)*

Property Owner / Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Agent Name: (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Property Type: (please circle)      1-Family                  2-Family                  3+ Family                  Mixed Use

Applicant Name: \_\_\_\_\_ (print)                                  Applicant Signature: \_\_\_\_\_

**\* Rental Housing Inspection is required every (5) years or change of tenant \***

Do not write below this line - Office Use Only

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**Fee: \$10.00 per unit**

Check Number: \_\_\_\_\_ Cash Receipt Number: \_\_\_\_\_

Payment Clerk Name: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_