



Town of Wallingford
RENTAL 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: _____

Owner Email Address: _____

Agent Name: (if applicable) _____ Phone: _____

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

Applicant Name: _____ (print)
Applicant Signature: _____

*** Rental Housing Inspection is required every (5) years ***

Do not write below this line - Office Use Only

Fee: \$10.00 per unit

Check Number: _____ Cash Receipt Number: _____

Payment Clerk Name: _____ Date Rec'd: _____

Amount: _____