Fee: $85/per unit

Ashley Gough **Director of Public Health**

Town of Montague **Board of Health**

APPLICATION FOR INSPECTION OF FITNESS FOR MASSACHUSETTS RENTAL VOUCHER PROGRAM

PROPERTY OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: _____ **E-MAIL ADDRESS:** _____

LOCATION OF DWELLING UNIT TO BE INSPECTED:

STREET ADDRESS: _____

OCCUPANT NAME: _____

OCCUPANT PHONE: _____ **E-MAIL ADDRESS:** _____

WAS DWELLING CONSTRUCTED PRIOR TO 1978? □ **YES** □ **NO**

ARE THERE CHILDREN UNDER SIX (6) YEARS OLD? □ **YES** □ **NO**

As the owner of this property, I am requesting the Montague Board of Health to conduct an inspection of the above-referenced property.

_____
Property Owner Signature