



Ryan Paxton, MPH, RS

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