

Property Inspection

Attorney(s):
 Office Address:
 Phone: Fax:

Requested By/Attorney(s) For:

Contact:

File #

Date Requested:

Mortgage Company:

Mortgagor:

PROPERTY DESCRIPTION

Address:

Lot:

Block:

Property Description:

Property Construction:

Photographs Attached:

Number Of Stories:

Number Of Units:

Property Occupants:

Mortgagor
 Tenants
 Mailbox Checked
 Mortgagors (business)

Excellent
Single Family
 1 2 3
 1 2 3
 1 2 3

Good
Multi Family
 4 5
 4 5 6 7 8
 4 5 6 7 8

Fair
Attached
 9 10 11 12+
 9 10 11 12+

Poor
Condo
 9 10 11 12+
 9 10 11 12+

Needs Repair
Townhouse
 9 10 11 12+
 9 10 11 12+

Vacant
 Married
 Tax Assessor
 Neighbor canvassed

Secured
 In Military
 Lease
 Owner Occupied

Violations
 Directory Asst.
 Postal Forwarding
 Board of Health

Apt/Unit	Tenants	Occupancy	Rent/Mortgage
		Owner Tenant Vacant	\$ Yr./Mo.
		Owner Tenant Vacant	\$ Yr./Mo.
		Owner Tenant Vacant	\$ Yr./Mo.
		Owner Tenant Vacant	\$ Yr./Mo.
		Owner Tenant Vacant	\$ Yr./Mo.

Rent Forwarded To:

Comments:

INSPECTOR:

DATE: