



RENTAL ASSISTANCE OFFICE
1090 Main Street
Brockton, MA 02301
Tel: 508-588-6880
Fax: 508-559-0430

SPECIAL INSPECTION REQUEST

Date: _____

REQUESTOR: [] Owner [] Participant

I would like to request an SPECIAL Inspection for the following unit:

Unit Address City State Zip Code

Request Date of Inspection*: _____

(* Inspection must be conducted while participant is still occupying the unit, not after move-out)

Participant Move-Out Date: _____

Owner Name: _____ Phone Number: _____

Participant Name: _____ Phone Number: _____

Owner Mailing Address: _____

Requestor's Signature Date _____

Return to: Brockton Housing Authority / Leased Housing Programs
1090 Main Street
Brockton, MA 02301
Phone: (508) 588-6880
Fax: (508) 559-0430

TTY: (800) 439-2370
www.brocktonhousingauthority.com