



TOWN OF PELHAM

351 Amherst Road, Pelham, MA 01002
Phone: 413-253-7129 Fax: 413-256-1061

REQUEST FOR MASSACHUSETTS RENTAL VOUCHER PROGRAM INSPECTION PURSUANT TO 760 CMR 49.08

Fee **\$100.00**

INSPECTION LOCATION

| | | |
|---------------|-------------|-------------|
| ADDRESS _____ | APT # _____ | FLOOR _____ |
|---------------|-------------|-------------|

PRINT

Applicant's Name _____

Address/City _____

State/Zip _____ Telephone _____

PRINT (If Known)

Tenant's Name _____

Tenant's Telephone Number _____

PRINT

Property Owner's Name _____

Address/City _____

State/Zip _____ Telephone Number _____

For dwellings built prior to 1978: A letter of compliance with the most current regulations governing the use of lead paint in dwellings must be provided by the owner prior to inspection by the Board of Health.

Signature of Applicant _____ Date _____

For Board of Health use only.

Date Inspected _____ Inspector's Name _____

* All checks must be made payable to the **Town of Pelham**.