

Property Maintenance Inspection Authorization

Department of Community Development
Building Division (618)346-5200 Ext. 3



Date: _____

Applicant Information:

Name: _____

Phone Number: _____

Address: _____

Email: _____

Landlord's Information

Name: _____

Phone Number: _____

Address: _____

Email: _____

Status of Property: Mark each that applies:

- Current in Rent Behind in Rent In eviction process Homeowner

Reason for Request:

Requirements: By signing below, applicant certifies the following:

- I am the legal tenant/homeowner of the property listed under applicant information
- I hereby give my consent for the Building Inspector (s) of the City of Collinsville, IL to inspect the above property under applicant information for any property maintenance violations.

Signature of Applicant

Date

Inspection Authorization:
Chief Building Official

Date