

Una versión en Español de este documento está disponible en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org.

Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA epi nan sit intènèt CHA: www.cambridge-housing.org.

A versão em Português deste documento está a sua disposição no Local Central de Gerencia do CHA e no Website do CHA: www.cambridge-housing.org.

EXIT INSPECTION REQUEST

Date: _____

REQUESTOR: Owner Participant

I would like to request an Exit 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: Cambridge Housing Authority / Leased Housing Programs
675 Massachusetts Avenue, 2nd Floor
Cambridge, MA 02139
Fax: (617) 520-6420
Phone: (617) 497-4040
TDD: (800) 545-1833 x112
www.cambridge-housing.org