

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE ID 83701-0500 CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529



Renters Substandard Housing Inspection Request

		Date:		
Renter's Name:	Phone:			
Renter's Address:	City:	State:	Zip:	
Owner/Rental Agency Name:		_ Phone:		
Inspection to determine complianc dwelling, including structural, fire, pl which the same is located. Power a	lumbing, mechanical system	s, electrical and/or (•	
Description of compliance co	ncerns:			
Contact Information for Appoint			·	
Contact Name:	Co	Contact Phone #:		
Contact Relationship to Renter: _				
Address:	City:	State:	Zip:	
Please provide a copy of the mopayment.	ost recent rent receipt, car	ncelled check or c	other proof of	
Renter's Signature	Date			

Instructions:

Please email the completed #322 Renters Substandard Housing Inspection Request Form to permits@cityofboise.org along with a copy of the most recent rent receipt, cancelled check or other proof of payment, and a copy of your lease agreement.

Note: The City of Boise prohibits discrimination of any persons on the basis of race, color, national origin, religion, sexual orientation and/or gender identity/expression, marital status, disabilities or age.

Upon request, this document is available in Spanish to citizens with limited English.

Nota: Este document puded ser solicitado y esta disponible en una forma accesible para personas con discapacidades y/o personas con competencia limitada en inglés a pedido.