



Inspection Department

Division of Rental Inspections

333 S. Tanner St. Rm 402

Rantoul, Illinois 61866

Office 217/892-6804 Fax 217/892-6871

TENANT INSPECTION REQUEST

Date: _____

Property Address: _____ Unit #: _____

Tenant's Name: _____

Tenant's Phone No: _____

How long have you resided at this address? _____

How long have you been aware of the problem(s)? _____

Have you informed the landlord, owner or property manager (in writing) of this complaint?
____ Yes _____ No

Have you had any additional conversation with the manager or owner? ____ Yes ____ No

Who did you speak with? _____

Are you behind in your rent? ____ Yes ____ No Are you being evicted? ____ Yes ____ No

What is the name, address and phone number of your Property Manager/Owner?

Nature of complaint: _____

(if additional space is required, use back of form)

After submitting this request, an inspection will be scheduled within three (3) working days from the day the complaint was received.

If you wish to cancel a scheduled appointment, please contact the Division of Rental Inspections at 217/892-6804 at least 24 hours prior to the time and date of the inspection. You will be asked to complete the "INSPECTION CANCELLATION" section of this form. Please note that if you schedule an inspection and then cancel without proper notice you will be subject to payment of a \$25.00 inspection fee.

Printed Name of Complainant/Tenant

Signature of Complainant/Tenant

INSPECTION CANCELLATION

Date: _____ I wish to cancel this written request for an inspection.

Printed Name of Complainant/Tenant

Signature of Complainant/Tenant

FOR OFFICE USE ONLY

Date request received: _____ Inspector: _____

Appointment scheduled for: _____ Case # _____