



**A FINANCIAL INSTITUTION OR INSURANCE COMPANY
AUTHORIZED TO DO BUSINESS IN INDIANA**

INSPECTOR NAME: _____

MAILING ADDRESS (PO BOX IS ACCEPTABLE): _____

CITY STATE ZIP CODE

MAIN PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ID NUMBER: _____ APPROVAL STATE: _____

**FINANCIAL INSTITUTION OR INSURANCE COMPANY THE INSPECTOR WORKS FOR.
PLEASE PROVIDE THE FOLLOWING INFORMATION OF THE PRIMARY CONTACT:**

NAME OF AGENCY: _____

MAILING ADDRESS (PO BOX IS ACCEPTABLE): _____

CITY STATE ZIP CODE

MAIN PHONE: _____

EMAIL ADDRESS: _____

**I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION
PROVIDED IS TRUE AND CORRECT.**

Signature: _____

Date: _____

**ATTACH A LIST OF ALL RESIDENTIAL UNITS IN THE
TOWN OF CLARKSVILLE, INDIANA INSPECTED BY YOU.**