



**The United States Department of Housing and Urban Development, the Indiana Housing and Community Development Authority, or another federal or state agency**

INSPECTOR NAME: \_\_\_\_\_

MAILING ADDRESS (PO BOX IS ACCEPTABLE): \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

MAIN PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ APPROVAL STATE: \_\_\_\_\_

**AGENCY 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.**