



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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Director of Public Health

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Request for Housing Inspection (State Sanitary Code, Chapter II)

Name (Print)

Address

Phone Number(s)

By requesting a housing inspection, I understand and agree to the following:

1. I may be cited for failure to maintain the dwelling unit in a sanitary manner or failure to exercise reasonable care in the proper use of the unit.
2. It may be possible that my unit is not habitable according to the state sanitary code and I may be required to vacate my unit.
3. It may be possible that my unit is not legal for building and/or zoning reasons and I may be required to vacate my unit.
4. I must allow reasonable access to the owner or his agent to make repairs.
5. I must allow access to the Board of Health for a re-inspection once repairs are made.
6. I understand that the Board of Health does not offer legal advice.

I have read the above and consent to a housing inspection by the Arlington Board of Health.

Occupant Signature

Date

Office Use Only Date of Inspection Inspector
