



City of Freeport

Community Development - 314 W. Stephenson St., Suite 110 - Freeport, IL 61032

Phone (815) 235-8202 - Fax (815) 599-5819 - www.cityoffreeport.org

Tenant Inspection Request

This information is provided to answer some of the most commonly asked questions about the processing of interior inspections. If you have any questions or comments, please contact the Community Development Department.

To request an interior inspection of your unit, please complete and submit a "Tenant Inspection Request" form. The forms are available by:

- Visiting the Community Development Department and completing the form in person.
The office hours are Monday - Friday, 8 am to 5 pm, excluding holidays.
- Calling the department and requesting that a form be emailed to you.

A completed and signed inspection request is required before an inspector may legally enter.

Once an inspection request is received, the inspection will be scheduled.

If you believe the problem is of an emergency nature, please indicate on the form.

You must be present at the time of inspection.

If you wish to cancel a scheduled inspection, contact the Community Development Department at least 24 hours in advance. You will be asked to sign the Inspection Cancellation Section of the form.

The inspector will contact the property owner to inform them of the violations observed during the inspection, inform them that a notice will be issued instructing them to abate the violations.

The tenant's name, address/unit number will appear on the violation notice and a copy of the notice will be sent to the tenant.

In some instances, the cause of the problem may be attributed to the tenant. If so, the tenant will be held responsible for the correction of the violations.



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Please fill out the form below. Then print the form and either mail, email, fax or bring it into our office.

Date: ____/____/____

Property Address: _____ Apt/Unit #: _____

Your Name: _____ Phone Number: _____

Your Email: _____

Note: You must be the legal occupant of the unit in order to request the inspection

How long have you resided at this address: _____ year(s) _____ month(s)

Do you have a written lease or rental agreement? Yes No

Have you been given notice of eviction? Yes No

If Yes, Please Explain: _____

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

Have you informed the landlord of this complaint? Yes No

Please tell us who you spoke with and when: _____

What is the name and phone number of the Property Owner:

Name: _____ Phone Number: _____

Describe the problem(s): _____

Requestor Signature: _____ Date: _____

I certify that I have granted permission to have the above described area(s) inspected. I agree to hold the City of Freeport, its officers and employees, harmless from any and all types of losses arising or alleged to arise or in any way connected with the City's inspection of the above described building(s) and/or structure(s).