



**YPSILANTI
TOWNSHIP**
— BUILDING DEPARTMENT —

CODE INSPECTION REQUEST

SECTION A: INSPECTION ADDRESS

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SECTION B: REQUESTED BY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

SECTION C: INSEPTION TYPE

☐ ELECTRICAL ☐ MECHANICAL ☐ PLUMBING ☐ BUILDING

SECTION D: OWNER'S CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____



SIGNATURE OF REQUESTER



PLEASE **PRINT** NAME LEGIBLY

DATE