

Una versión en Español de este documento está disponible en la Oficina Central del CHA o en la página web de CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).

Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA epi nan sit intènèt CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).

A versão em Português deste documento está a sua disposição no Local Central de Gerencia do CHA e no Website do CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).

## EXIT INSPECTION REQUEST

Date: \_\_\_\_\_

REQUESTOR:  Owner  Participant

I would like to request an Exit Inspection for the following unit:

\_\_\_\_\_  
Unit Address City State Zip Code

Request Date of Inspection\*: \_\_\_\_\_

(\*Inspection must be conducted while participant is still occupying the unit, **not** after move-out)

Participant Move-Out Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**Return to:** Cambridge Housing Authority / Leased Housing Programs  
675 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Cambridge, MA 02139  
Fax: (617) 520-6420  
Phone: (617) 497-4040  
TDD: (800) 545-1833 x112  
www.cambridge-housing.org