Rental Inspection Consent Form

THIS INSPECTION WAS REQUESTED BY YOUR PROPERTY OWNER TO COMPLY WITH CITY OF BOSTON CODE ORDINANCE CBC 9-1.3, WHICH REQUIRES THAT RENTAL APARTMENTS BE INSPECTED AND BROUGHT INTO COMPLIANCE WITH THE STATE SANITARY (HOUSING) CODE.

BY SIGNING THIS DOCUMENT I REPRESENT THAT:

Initial:	I understand that I have the RIGHT TO REFUSE an inspection of my dwelling or h without a warrant (an order signed by the Court) as explained to me, and that I agree voluntarily and without a warrant, to permit members of the Inspectional Services		
	Department ("ISD") to inspect n	-	services
	I am 18 years of age or older.		
		ped residence; or Iam the authorize ant for this inspection (pursuant to 105 CM	
	This consent ONLY authorized residence.	members of the ISD to enter and/or inspec	et the above
Occupant's Sign	nature:	Date:	
AUTHORIZE	D REPRESENTATIVE DESIG	NATION (use this section if the occupa	nt does not
	the inspection):	•	
I (name of occupant)		, an occupant of (address), (Ward), being above	
		referenced residential dwelling unit. I und	
right to be prese	ent during this inspection and my	right to request that this inspection be re-s	scheduled to a
		I do not wish to be present during this ins	-
		gent to conduct this inspection with the IS	_
	BEFORE any inspection has tal	n VOLUNTARILY, without threats or ken place.	promises of
Occupant's sig	nature:	Date:	
Owner/Agent's	s Signature:	Dave:	
TO BE SIGNE	D BY INSPECTOR:		
I have explained	d to the occupant or representative	e the right to refuse an inspection and/or	
-	•	d have read this form to the occupant. If the	-
-	English, ISD has provided an inte	expreter to read this form and to explain the	e occupant's
rights.			
Signature:		Date:	
Printed Name:_		Inspector #:	

SEPARATE CONSENT FOR PHOTOGRAPHY AND/OR VIDEOTAPING

(Note: Only permissible where an actual occupant provides consent)

I understand my <u>right to refuse</u> to allow photography and/or videotaping without a warrant (a Court order) as explained to me and I agree VOLUNTARILY to permit members of the City of Boston Inspectional Services Department to photograph and/or videotape my residence.

Occupant's Signature:	Date:			
Print Name:				
FOR PERSONS WHO DO NOT SPEAK ENGLISH:				
TO BE SIGNED BY AN INTERPRETER:				
Interpreter (if applicable) affirms that s/he has read this form to the occupant and explained the occupant's rights to him/her in (specify language).				
Interpreter's signature:	Date:			
Print Name:	Affiliation:			