

APPT. FOR: _____

DATE: _____

TIME: _____



Town of Fairhaven

Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079

LOCATION: _____

FLOOR: _____

APT. #: _____

OWNER: _____

ADDRESS: _____

CITY: _____

TEL. #: _____

PRE-RENTAL VOUCHER INSPECTION

VENDOR INSPECTION (Section 8)

FAIRHAVEN HOUSING

*****MUST HAVE LEAD CERTIFICATE IF THERE IS A CHILD UNDER SIX YEARS OLD**

CHILD UNDER 6 YEARS:

YES

NO

TENANT'S NAME: _____

TENANT'S TEL. #: _____

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