

HOUSING INSPECTION REQUEST FORM



Name: _____

Address: _____

City/State/Zip: _____

The Three Rivers District Health Department assists citizens in the Dodge County area with addressing unsafe housing conditions. These unsafe housing conditions include but are not limited to such things as mold, infestation by rodents and/or insects, and other imminent health and safety issues arising from living conditions due to sub-standard housing or housing that does not meet code for decent, safe and sanitary housing. ***Before you request assistance from Three Rivers District Health Department you must have contacted your landlord twice, in writing, to request the landlord correct the problem (retain copies of your written requests).*** If the landlord does not respond to your requests, you may then complete and submit this form to Three Rivers District Health Department, 33 West 4th St, Fremont, NE 68025, to request their assistance in addressing your housing problems.

Tenant/Head of Household

Social Security Number for identification purposes only

Street Address of Rented Unit

Apt #

City / State / Zip

Part A:

I hereby give permission to Three Rivers District Health Department to inspect the premises currently leased to me and to intervene and take action on my behalf based on:

- Failure to Act on the part of the Landlord or Management Agent to provide decent, safe and sanitary housing or when major health and safety issues are presented concerning my housing.
- Other (specify) _____

Part B:

Briefly describe the housing concern for which you are requesting assistance (include all relevant documents and photos with this form):

Part C:

I hereby consent to authorize the Release of Information to the Three Rivers District Health Department to inquire and request information regarding my **HOUSING** lease or terms of contract, current rent and security deposit, family composition, any paid or unpaid fees or charges for damages, late rent, utilities, storage, or any other cause. I understand this information will be used to assist me and my family with the housing concerns as stated in Part A.

I hereby consent to authorize the Release of Information to the Three Rivers District Health Department to inquire and request information regarding my or my family's **MEDICAL** history. I understand this information will be used to assist me and my family with the concerns as stated in Part A.

I hereby consent to authorize the Release of Information by Three Rivers District Health Department to act as agent on my behalf with proper authorities to assist me and my family with the housing concerns as stated in Part A.

Tenant / Head of Household

Date

Three Rivers District Health Department

Date