

Town of Riverdale Park Inspection Consent Form

Please Print Information

Name of Apartment/Rooming House: _____

Apartment/Rooming House Address: _____

Owner of Property: _____

Owner's Address: _____

Phone #: _____ E-Mail: _____

Manager of Property: _____

Phone #: _____ E-Mail: _____

Authorized Signature: _____

Print Name: _____

Date: _____

(Must be returned with Application Form, Police Report, and Payment.)

,