

**VILLAGE OF ANDOVER
REQUEST FOR RENTAL/RETAIL INSPECTION**

DATE: _____

OWNER INSTRUCTIONS : Please complete this application and contact Code Enforcement - **Chuck Cagle at 607/329-7842** to set up the required rental and/or retail inspection for the property.
(PLEASE NOTE: The inspection is required prior to any utility account change for the Village of Andover.)

OWNER/APPLICANT: _____

OWNER/APPLICANT MAILING ADDRESS: _____

OWNER CONTACT #: _____

I would like to request an inspection of the property located at _____
Andover, NY 14806, as required under Local Law #1 of 1992, Section 14.

Change of Ownership _____ Change of Tenant _____

This application - along with the required \$25.00 fee (per inspection) must be returned to the Village Clerk .
Please make checks payable to the Village of Andover.

FEE PAID: _____ **DATE PAID:** _____

Please include names of new owners or tenants (if known):

(owner signature/date)