

RENTAL INSPECTION – PERMISSION GRANTED

Date \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, voluntarily grant permission to the Town  
(Occupants name)  
of Barnstable Board of Health (Agent or Health Inspector) to inspect my dwelling unit  
located at \_\_\_\_\_ in accordance  
(House #, [Apt\Unit # if applicable], street, village)  
with the Town of Barnstable Code (Chapters 59 and 170) and the State Sanitary Code  
(105 CMR 410.000) on \_\_\_\_\_. I hereby authorize and name  
(Date of inspection)  
\_\_\_\_\_ to be my tenant representative for the  
(Occupant representative)  
purpose of this inspection. \_\_\_\_\_ is an adult person  
(Occupant representative)  
designated and duly authorized to act on my behalf and will be accompanying the Town  
of Barnstable Board of Health for the inspection, granting access to any and all locations  
(including bedrooms, bathrooms, closets, etc.,) allowing the use of photographs and  
answering questions. This authorization is only valid for the inspection date specified  
above, and must be renewed for any future inspection(s.)

\_\_\_\_\_  
Occupants Signature \ Date

\_\_\_\_\_  
Occupants Representative Signature \ Date