

Time-Of-Sale Evaluation Report Index

Office use only

Permit no. _____

Date _____

Site address _____ Condominium/unit no. _____

Evaluation date _____

Send certificate of compliance to: Property owner Owner's agent Other

Property owner	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ Email _____
Send Certificate of Compliance to:	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____ Email _____
Evaluator	Name _____ Address _____ City _____ State _____ Zip code _____ Phone _____
Type of dwelling	<input type="checkbox"/> Single family <input type="checkbox"/> Two family <input type="checkbox"/> Multiple family (Number of rental units: _____) <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium unit

I hereby certify that I am a licensed Time-of-Sale Housing Evaluator in the city of Bloomington; that I personally inspected the property listed herein; and that I conducted the inspection in a thorough and complete manner.

Evaluator's signature

Date

Additional fee?

Yes No

Amount of fee \$ _____

Description of additional fee _____

Hazardous Items to be corrected as indicated on evaluation report:

Item number

Item number

1 _____

11 _____

2 _____

12 _____

3 _____

13 _____

4 _____

14 _____

5 _____

15 _____

6 _____

16 _____

7 _____

17 _____

8 _____

18 _____

9 _____

19 _____

10 _____

20 _____

An immediate hazard was discovered and identified.

Yes No

Comments _____

Report entered by _____ Date _____