



Request for Third Inspection

Tenant Information

Name: _____ Date: _____

Last 4 of SSN: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Unit Number: _____

City: _____ State: _____ Zip Code: _____

Landlord Information

Name: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Unit Number: _____

City: _____ State: _____ Zip Code: _____

A fee of \$75.00 will be required for third inspection requests. Please return this form, along with a Money Order made out to:

Housing Authority Bexar County
1954 E Houston St Suite 104
San Antonio TX. 78202

Payment can be mailed or dropped in our drop-box at the above address.

I am requesting a third inspection for the above unit due to the following:



Any individual with a disability or other medical need who requires accommodation should contact the Housing Authority of Bexar County at (210) 225-0071.

Si necesita ayuda en la traducción de este documento, llame al (210) 225-0071 para asistencia



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Inspection Request reason (continued):



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