

# DECLARATION OF INSPECTION

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**Inspector Name:**

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**Company Name:**

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**Inspector Mailing Address:**

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**Rental Property Address:**

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**Rental License (RRYYYY-#####):**

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**Unit(s) Inspected:**

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**Property Owner/Agent Name:**

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**Property Owner/Agent Mailing Address:**

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I declare, under the penalties set forth in BMC 5.15.150(C), as follows: (1) I physically inspected the interior and exterior portions of the dwelling(s) listed above on \_\_\_\_\_ and, based on that inspection, there are no conditions presented that endanger or impair the health or safety of a tenant; and (2) I have inspected for every item shown on the City of Bellingham Rental Housing Safety Inspection Checklist and there are no conditions presented in the dwelling unit(s) that fall below the minimum standards in the checklist.

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**Inspector Signature**

**Date**

**ACTION BY THE CITY TO INSPECT OR REQUIRE AN INSPECTION IS PERFORMED UNDER ITS REGULATORY AUTHORITY. NOTHING IN THIS CERTIFICATE IS A GUARANTY OR ASSURANCE TO ANY TENANT OF THE SAFETY, FITNESS, OR SUITABILITY OF ANY DWELLING UNIT.**