

TENANT NOTIFICATION FORM FOR YOUR HABITABILITY INSPECTION

DEAR TENANT:

As you may know, your rental apartment at _____, will be inspected on _____ at _____, as is required by the City of Chelsea's newly amended ordinance mandating compliance with Chapter II of the State Sanitary Code. The Inspectional Services Department (ISD) and Board of Health are required by law to enforce this requirement.

Our hope and expectation is that you will review any conditions at your property that may be deficient and contact the landlord **immediately** to notify him/her, so that he/she may correct them **before** the inspection.

- **Per City ordinance, a landlord is required to notify tenants regarding the inspection, as soon as possible, once the inspection has been scheduled. This must be done in writing.**
- **Please be advised that if tenants (or landlords) are dissatisfied with any Correction Order issued by the Code Inspector, either may file an appeal with the City's Board of Health. This must be done within 7 days of the issuance of the Correction Order.**
- **Please be advised that tenants have certain responsibilities under the State Sanitary Code, specifically as they pertain to general housekeeping in their units, as well as to the proper containment and disposal of trash from the premises.**
- **Please be advised that if there is a child under the age of six years living in your rental apartment, the apartment, common areas, and exterior must comply with Massachusetts' Lead Laws.**
- **Please be advised that this is official notification that a Chelsea Police Officer may, in some instances, accompany an inspector to the site as (s)he performs his/her inspection of your unit to ensure the safety of the inspector. Chelsea Police Officers are not authorized to conduct a search of your home. Only their presence is authorized. However, if a police officer conducts a search of your home it will be pursuant to the laws of the Commonwealth.**

Property Address: _____

Unit#: _____

Name of Head of Household: _____

(print)

(signature)

(date of receipt of notification)

Total Number of Persons who live in the Apartment: _____

Number of Children 6 years or under who live in the apartment: _____