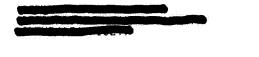
CITY OF MILWAUKEE DEPARTMENT OF NEIGHBORHOOD SERVICES

Residential Rental Inspection Program 4001 S. 6th St Milwaukee, WI 53221

December 28, 2009



The City of Milwaukee has recently passed a new ordinance that requires owners of rental properties in designated residential areas to apply for a residential rental certificate for each rental unit. The purpose of the ordinance is to help stabilize the rental housing in these areas. According to our records, your property is in one of the designated areas.

Rental unit inspections will be performed by Department of Neighborhood Services (DNS) staff and scheduled by appointment. If the building also receives an annual fire prevention inspection (building is a mixed use or has 3 or more residential units), it will be performed at the same time. Inspectors will check for property maintenance and zoning code violations.

A residential rental certificate will be issued and shall be valid for 4 years from the initial inspection date provided the inspection finds no disqualifying violations at the property. If disqualifying but non-life threatening violations are found, then a temporary certificate will be issued by the department until the violations have been corrected. Once the violations have been corrected, a one year certificate will be issued based on the initial inspection date.

Your inspection date and time is: Friday March 19, 2010 at 1:35 pm. If you are unable to make this appointment, please call 414-286-2268 at least 30 days prior to the scheduled date to request a different date. You as the property owner are required to properly notify your tenants in advance that on the appointment date an inspection of their unit will be made. You are also required to post a notice of the inspection date on each unit door 2 days in advance of the inspection date.

If your building has less than 10 rental units, DNS will be inspecting every unit in the building. If your building has 10 or more units, DNS will inspect a random sampling of the units. The building owner or their representative should be prepared to provide access to all residential rental units within the building. The cost for the RRI inspection is \$85 per inspected unit. You will be notified of the total inspection cost for your building after the initial inspection is conducted.

For more information on this program, see http://www.city.milwaukee.gov/dns/rri/checklist for a list of Frequently Asked Questions, and see http://www.city.milwaukee.gov/dns/rri/checklist for a pre-inspection checklist that will help prepare you for the RRI inspection. If you do not have access to the internet, please call 414-286-2268 for copies to be mailed to you.

A Residential Rental Certificate Application is enclosed. Please complete and return it by January 30, 2010 to:

City of Milwaukee-DNS Residential Rental Inspection Program 4001 S. 6th Street Milwaukee, WI 53221

Recipients:

Residential Rental Certificate Application Department of Neighborhood Services DNS Dept. Use Only Please use a separate application for each property (taxkey). Certificate Type 1 = 1 Year 4 = 4Year T = Temp N = None Provide the following information for each unit in each building on the property. Code Violations **Building Address** O Yes O No O 1 D 4 D T O N DYES DNO DIDADIDA Oyes ONG DIO4 OT ON O Yes ONO DIO 4 OT ON NCTO FOLC No. OYes ONo OIO4 OT ON DYES DNO D1 D4 DT DN OYES ONO DIDA OT ON O Yes O No O 1 O 4 O T O N O Yes O No O 1 O 4 O T O N OYes ONE OT O4 OT ON OYES ONG OTOA OTON Owner information: Doing Business As Mailing Address City State Zip Home Phone _____ Day /Work Phone _____ Cell Phone _____ E-mail Address (optional) Date of Birth for "Person Owners" _____ Property Manager information (If the same as the owner check this box ☐ and go to next section.) Person to provide access to interior of building and units for inspection. Owner's Name ______ Doing Business As _____ City _____ State __ Zip ____ Mailing Address Home Phone _____ Day /Work Phone _____ Cell Phone _____ E-mail Address (optional)

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I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.

Signature of Owner or Authorized Agent	Date Signed	 / <u></u>	-
Printed Name of Person Signing			

Work Namber

Cell Number

For help regarding the completion of this form call DNS at (414) 286-2268 or visit us on the web at: www.city.milwaukee.gov/dns

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