

# ADMINISTRATIVE INSPECTION CONSENT FORM

(This is a two-sided form)

Occupant to initial all boxes below:

I, \_\_\_\_\_, have \_\_\_ / have not \_\_\_ requested in advance this inspection of my home located at: **Address:** \_\_\_\_\_  
**Unit #** \_\_\_\_\_ in \_\_\_\_\_, MA

**BY SIGNING THIS DOCUMENT I REPRESENT THAT:**

- ✓ I understand that I have the **RIGHT TO REFUSE** an inspection of my dwelling or home unless there is a specific order signed by the Court (a “warrant”), as explained to me. I agree, voluntarily and without a warrant, to permit members of the Inspectional Services Department (“ISD”) to inspect my dwelling or home.
- ✓ I am 18 years of age or older.
- ✓ I \_\_\_\_\_ live at the above-described residence; *or* I \_\_\_\_\_ am the authorized representative of an adult occupant for this inspection (see reverse side if representative)
- ✓ I speak English; *or:* (check the box that applies to you)

<b>In Spanish:</b> Hablo Español no Inglés	<b>In Portuguese:</b> Eu falo Portugese nao Inglês
<b>In Haitian/Creole:</b> Mwen pale Kreol pa Anglais	<b>In Vietnamese:</b> Tôi chỉ nói tiếng Việt không nói tiếng Anh
<b>In Cape Verde:</b> Eu falo crioulo de Cabo Verde, mas mao Ingles	<b>Russian:</b> Я говорю русского а нглийского
<b>In Chinese:</b> 我講中國沒有英國	

→Interpreter: see reverse side before occupant signs this form

**FOR HOUSING INSPECTIONS ONLY:**

- I understand that I have the right to a **full** inspection of my home under the State Sanitary Code, and I do \_\_\_ / do not \_\_\_ request a comprehensive inspection at this time.

**SCOPE OF CONSENT**

- I understand that this inspection is to be conducted under the authority of, and in compliance with, the ordinances, codes and regulations and statutes that ISD is authorized to enforce. **This consent authorizes ONLY members of ISD to enter and / or to inspect the above residence. If I do not speak English, an interpreter who speaks the above language has read this form and explained my rights to me. I am signing this form VOLUNTARILY, without threats or promises of any kind, and BEFORE any inspection has taken place.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print name: \_\_\_\_\_

**TO BE SIGNED BY INSPECTOR:**

I have explained to the occupant his/her right to refuse an inspection and/or photo/videotaping in the absence of a warrant and have read this form to the occupant. If the occupant does not speak English, ISD has provided an interpreter to read this form and to explain the occupant's rights (see reverse for interpreter's signature). If this is a Housing inspection, I have explained to the occupant his/her right to a full inspection of the residence as defined in the State Sanitary Code (105 CMR 410.822(B)(1).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Inspector #: \_\_\_\_\_

\*\*\* See both sides of this form\*\*\*

**SEPARATE CONSENT FOR PHOTOGRAPHY AND/OR VIDEOTAPING:**

(Note: Only permissible where an actual occupant provides consent)

I understand my right to refuse to allow photography and/or videotaping without a warrant (a Court order) as explained to me and I agree VOLUNTARILY to permit members of the City of Boston Inspectional Services Department to photograph and/or to videotape my residence.

Occupant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

**FOR PERSONS WHO DO NOT SPEAK ENGLISH:**

**TO BE SIGNED BY INTERPRETER:**

Interpreter (if applicable) affirms that s/he has read this form to the occupant and explained the occupant's rights to him/her in \_\_\_\_\_ (specify language).

Interpreter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE DESIGNATION (Occupant-Requested Inspections Only)**

(Name of Occupant) \_\_\_\_\_, an occupant of

(Address) \_\_\_\_\_, \_\_\_\_\_ (Ward \_\_\_\_\_) has requested in advance an inspection of the above-referenced residential dwelling. The occupant was not present for the inspection scheduled for: \_\_\_\_\_ (Date) but was represented by his/her authorized representative pursuant to 105 C.M.R. 410.820. The occupant's representative, who is at least the age of 18 and speaks English (or through a translator, if non-English speaking) has been advised of his or her rights as set forth on the reverse of this form, and has confirmed that he or she was specifically authorized by an adult occupant of the dwelling to be present for the inspection. The occupant's authorized representative is:

**Name of Authorized**

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_

**Relationship to Occupant:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ (ISD Official certifying above information)

**Dated:** \_\_\_\_\_

**\*\* Note to Inspectors:** Conducting an interior inspection without an actual occupant being present can **only** be done where the inspection **was initially requested by the occupant** and where a specific individual has been authorized by the occupant as certified by an ISD official above. No **photographing or videotaping** can be authorized by such representative.

\*\*\* See both sides of this form\*\*\*