



Town of Ludlow Board of Health

488 Chapin Street

Ludlow, Ma 01056

(413) 583-5600 x1271

Application for Pre-Rental Housing Inspection

Name of Owner/Landlord _____ Date _____

Owner Address _____ Phone# _____

Mailing (if Different) _____ Email _____

Address of Housing Inspection _____

Total Number of Apartments _____

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant