



HOUSING AUTHORITY OF THE
CITY AND COUNTY OF SAN FRANCISCO

Inspection Reschedule Request Form

Please Complete the Following Below Before Forwarding to Inspections

Inspection rescheduling requests must be submitted at least 48 hours prior to the scheduled inspection date to be granted, otherwise the current inspection will be performed as scheduled.

Name of Requestee: _____ Owner Tenant

Property Address: _____

Head of Household Name (if different than Requestee): _____

Entity ID: _____

Contact Phone: _____

Contact Email: _____

Original Inspection Appointment Date & Time: _____

Requested Inspection Appointment Date: _____

Requested Inspection Time Window Preference: 8a-1p 12p-5p Anytime

Reason for change:

Is there any additional information for the Inspector? (e.g. gate/intercom codes, on-site manager contact, special instructions):

Signature: _____ Date: _____