

# Inspection Report Contact Sheet

**\*Must Get Information for RIMS**

## Primary Business Owner

\*Form of Ownership: \_\_\_\_\_ \*Person/Organization: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*SSN/FEIN: \_\_\_\_\_ Business Name: \_\_\_\_\_

Type: \_\_\_\_\_ Organization Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

\*Email: \_\_\_\_\_ Type: Work Personal

\*Contact Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: Work Cell Personal

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## Preparer

\*Person/Organization: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Organization Type: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

\*Email: \_\_\_\_\_ Type: Work Personal

\*Contact Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: Work Cell Personal

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## Property Owner

\*Form of Ownership: \_\_\_\_\_ \*Person/Organization: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*SSN/FEIN: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Type: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

\*Email: \_\_\_\_\_ Type: Work Personal

\*Contact Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: Work Cell Personal

**On Site Contact**

\*Person/Organization: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Organization Type: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

\*Email: \_\_\_\_\_ Type: Work Personal

\*Contact Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Type: Work Cell Personal