

NOTICE REGARDING INSPECTIONS
California Civil Code Section 1950.5

To: _____ (Name of Resident)

Property Name: _____ Unit Number: _____

This is to notify you that you have the right to request an inspection of your unit by the owner's representatives, and you have the right to be present at such inspection.

If you request such inspection, the representative will conduct an initial inspection of your unit during the two weeks prior to the termination of your tenancy. The purpose of the initial inspection is to allow you an opportunity to remedy identified deficiencies, in a manner consistent with the rights and obligations of the parties under the rental agreement, in order to avoid deductions from your security deposit.

At your option, you may choose whether to have such inspection or not.

If you choose to have such inspection, the owner's representative will attempt to set up a mutually acceptable date and time with you. In any case, the representative will give you at least 48 hours prior written notice of such date and time (unless both parties agree to forgo the 48 hour notice by signing a written waiver). You will be given an itemized statement after the inspection specifying repairs or cleaning that would result in deductions from your security deposit, and you may remedy those items prior to termination. The initial inspection may not reveal all deficiencies in your unit due to the presence of your possessions. You will be liable for any deficiencies that occur after the inspection.

Within 21 days after you turn over possession of your unit, you will receive an itemized statement regarding your security deposit. That statement will show the detail of the disposition of your deposit and any remaining balance of the deposit will be returned to you.

Please return this form with your choice, as follows (PLEASE CHECK ONE):

YES, I wish to have an initial inspection of my unit before termination. If you desire this option, do you wish to be present? Yes or No

OR

NO, I do not wish to have an inspection of my unit before termination.

Your phone number to schedule the inspection: _____

Print Your Name: _____

Signature: _____ Date: _____

