

**CITY OF SACRAMENTO  
RENTAL HOUSING INSPECTION PROGRAM**

**TENANT CONSENT TO INSPECT RENTAL HOUSING UNITS**

**PROPERTY ADDRESS:** \_\_\_\_\_

The property above will be inspected by the City of Sacramento's Rental Housing Inspection Program to determine whether it complies with local and state regulations. The inspection is scheduled for the following date and time:

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

As a tenant, you have a basic right to privacy and may deny the City permission to enter. You may be present during the inspection. If you will not be present at the time of the inspection, the City requests that you consent to the inspection in your absence. To give your consent, please complete the form below.

**CONSENTING TENANT(S)**

I, the undersigned am a legal tenant of and have lawful access or control of the rental housing unit described below. I the tenant, freely and voluntarily give my consent to have the inspectors of the City of Sacramento's Rental Housing Inspection Program enter and inspect the unit in my absence.

**Unit #:** \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Unit #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

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**Unit #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

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**Unit #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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