



8100 Jackman Road
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INSPECTION REQUEST FORM

Requested Date of Inspection: _____

Address of Inspection: _____

Name of Subdivision (If Applicable): _____

Lot Number (If Applicable): _____

Lock Box Number (If Applicable): _____

Name of Person or Company Requesting Inspection: _____

Phone Number of Person or Company Requesting Inspection: _____

Issued Bedford Township Permit Number: _____

Type of Inspection Requested (Please Check Below)

Building _____ Electrical _____ Mechanical _____ Plumbing _____

Circle Requested Inspection

FOOTER FOUNDATION PRE-MASONRY MASONRY ROUGH

GASLINE UNDERGROUND T-POLE ROUGH & SERVICE FINAL

RE-INSPECTION POOL BONDING RATWALL POST HOLES

OTHER (PLEASE INDICATE):

Additional Comments/Information/Notes/Results (Optional)