

**EXTENSION REQUEST FORM**  
**HCVP Inspections Department**

3400 Hamilton Avenue  
Cleveland, OH 44114

Email: landlordportal@cmha.net

Extension requests accompanied by the appropriate documentation (i.e. receipts, formal documents justifying reason for extension, etc.) must be received by the HCVP Inspections department at least five (5) business days prior to the scheduled inspection date. **If you do not request an extension by this due date, your request will not be granted and your inspection will still occur on the original inspection date.**

**PLEASE COMPLETE THE REQUIRED INFORMATION BELOW**

Name of Property Owner/Agent: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Inspection: \_\_\_\_\_  
Requested Date of Reinspection: \_\_\_\_\_

**Please state the reason you are requesting an extension: (attach additional documentation)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For HCVP Inspections Department Only

Date Request Received: \_\_\_\_\_

Request Approved: Yes  No

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

Pre-Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Team Leader)

Final Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled by: \_\_\_\_\_ Date: \_\_\_\_\_