

**DEPARTMENT OF COMMUNITY SERVICES  
CITY AND COUNTY OF HONOLULU**

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR ☐ HONOLULU, HAWAII 96813 ☐ PHONE: (808) 768-7096 ☐ FAX: (808) 768-7039  
1000 ULU'OHIA #118 ☐, KAPOLEI, HAWAII 96707 ☐PHONE: (808) 768-3000 ☐ FAX: (808) 768-3237  
INTERNET: www.honolulu.gov/dcs/housing.html

**REQUEST FOR A SPECIAL INSPECTION**

I am requesting a special inspection of the assisted unit referenced below due to deficiencies that require immediate attention.

Currently, I am:

- A household member living in the assisted unit.
- Owner or Property Manager of the assisted unit.
- Other: \_\_\_\_\_

Head of household \_\_\_\_\_ Phone \_\_\_\_\_

Unit Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please list the deficiencies that need immediate attention and reason:

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Do you consider these deficiencies to be life-threatening? (YES / NO) CIRCLE ONE.

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Please attach any evidence or additional details (eg. photos) that would assist our staff in making an assessment.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

REQUESTOR: Submit completed form to the examiner working with the family.  
EXAMINER: Forward valid requests to the inspection department for scheduling.