

City of Wyandotte

Certificate of Compliance Application Form

Street Address: _____

Date: _____

Number of units: _____

How units are identified - e.g. separate address, apt. #, etc...

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Owner

Name: _____

Address: _____

Home Phone: _____

Work/Cell Phone: _____

Provide your e-mail address below and we can send your inspection results electronically:

_____ @ _____

Responsible Local Agent (if different than above)

Agent: _____

Address: _____

Phone: _____

Work/Cell Phone: _____

=====

office use only office use only: Payment Due for City Services \$ _____

Receipt # _____

Case # _____

Date of Inspection _____, 9:00 - 11:30 or 11:30 - 2:00