

Borough of Lake Como
Residential Certificate of Inspection Form
SALE OF PROPERTY

BLOCK # _____ LOT # _____ PROPERTY ADDRESS: _____ UNIT _____

OWNER INFORMATION:

NAME: _____ PHONE NUMBER: _____

CURRENT ADDRESS: _____

BUYER INFORMATION:

NAME: _____ PHONE NUMBER: _____

CURRENT ADDRESS: _____

SIGNATURE OF OWNER/AGENT: _____ PRINT NAME: _____

SIGNATURE OF BUYER/AGENT: _____ PRINT NAME: _____

DATE OF CLOSING: _____

PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH A CHECK OR CASH FOR \$120.00
AT LEAST 7 DAY BEFORE DESIRED INSPECTION DATE

DATE OF SUBMISSION: _____

CHECK NUMBER: _____

DATE OF INSPECTION: _____

PASS / FAIL: _____

COMMENTS: _____
