## **Affidavit Assuming Violations**

Property Address Regarding:  Date:		
The undersigned has been furnished with a coproperty and hereby assumes responsibility to Checklist for the above referenced property was a support of the control of the c	correct all the co	de violations listed on said Inspection
<b>NOTE:</b> If, during a re-inspection, a safety or to the checklists and shall become a requiren issuance of a final Certificate of Approval/Co	nent to correct pri	or to final escrow refunds or
Name:	Name:	
Address:	Address:	
Home Phone:	Home Phone:	
Work/Cell Phone:	Work/Cell Phone:	
E-mail:	E-mail:	
Signature:	Signature:	
******	****	*****
Subscribed and sworn to me this	lay of	
by		
My Commission Expires: Acting in the County of Wayn	, 20	
******	*****	*****
Office Use Only		
<ul> <li>Escrow Agreement</li> <li>OK to transfer utilities</li> <li>Owner Occupied</li> <li>Rental Unit</li> </ul>		
Authorized Signature:	ding Department	

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