MATTESON

VILLAGE OF MATTESON
Community Development Department
4900 Village Commons, Matteson, IL 60443
708-481-8313 | Fax : 708-748-2326

AFFIDAVIT

NAME: _____ _____
(Print name) (Signature)

Accepts full responsibility for making the repairs needed indicated on the Existing Structure Inspection Report submitted by the Village of Matteson for the home at:

_____
(Address)

_____
(Mailing address if different from above)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Telephone number) (Cell number)

_____ _____
(Email address) (Fax number)

And agrees to call the Village of Matteson at (708) 481-8313 for a re-inspection within thirty (30) days of closing. I will not occupy the property until all violations are complied with and a certificate of occupancy is issued. I fully understand that a Conditional Certificate of Occupancy is NOT a certificate of occupancy.

_____(SEAL)
(Notary)

_____
(Date)