



Date Received: _____
Employee Receiving: _____
Placed in ZA Mailbox: <input type="checkbox"/>

RENTAL HOUSING INSPECTION PROGRAM

Proof of Correction (906) 475-7700 ext. 12 **CASE#:** _____

Prior to the scheduled Re-Inspection, the date and time of which are included on the Inspection Checklist, RHIP Form B, a property owners/managers may submit this Proof of Correction form, and include the following:

- Proof of Correction form (required of submitted by mail or E-mail);
- Picture of violation(s) that has been corrected (required);
- Completed work order(s) with maintenance signature (if applicable); and
- Copy of vendor invoice(s) (if applicable);

If, at the discretion of City of Negaunee, all violations noted on RHIP Form B have been resolved prior to the scheduled Re-Inspection, the Re-Inspection will be cancelled. For any questions, or if additional information is needed, please contact the City of Negaunee Planning and Zoning Department as the above referenced phone number. We look forward to working with you to ensure this property meets the health and safety requirements.

PROPERTY ADDRESS: _____ UNIT #: _____

DECLARATION

I, (Owner/Contact Representative) hereby declare all violations noted on Form B for the above mentioned property address have been corrected.

SIGNATURE OF OWNER: _____ OWNER'S ADDRESS: _____

PRINTED NAME OF OWNER: _____ DATE: _____

DAYTIME PHONE #: _____