



**YPSILANTI
TOWNSHIP**
— ORDINANCE DEPARTMENT —

MULTI-FAMILY HVAC CERTIFICATION

TO BE COMPLETED BY LICENSED MECHANICAL CONTRACTOR

Service Date:	
Property Address:	
Property Owner:	
Company Name:	
Contractor Name:	
Contractor License Number:	

Bldg #	Unit #	Service Date	Equipment Make	Equipment Model Number	Equipment Serial Number	Check if Certified *	CO Reading	Notes

SEE REVERSE SIDE

