

THE CITY OF LAKE FOREST
Community Development Department



**RE-INSPECTION APPLICATION
CERTIFICATE OF COMPLIANCE
SANITARY AND STORM SEWER INSPECTION**

Applicant Information

Date: _____

Owner's Name _____

Mailing Address _____

Daytime Telephone Number _____

Evening Telephone Number _____

Date of Original Inspection _____

Address of Premises to be Re-Inspected _____

Corrective Measures Taken

Individual Owner

I, the fee title owner of the above-listed premises, request an inspection of such premises by the Director of Community Development of the City of Lake Forest, or the Director's designee, as provided in Section 44-51(2) of the City Code of Lake Forest, 1971, as amended.

Signed: _____

Corporation/Entity

I, as a duly authorized representative of _____, fee title owner of the above-listed premises, request an inspection of such premises by the Director of Community Development of the City of Lake Forest, or the Director's designee, as provided in Section 44-51(2) of the City Code of Lake Forest, 1971, as amended.

Signed: _____

Title: _____

(For Office Use Only)

Application #	Received On:
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