

SAN MATEO COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION

2000 ALAMEDA de las PULGAS, SUITE 100
SAN MATEO, CA 94403
ATTN: HOUSING PROGRAM
(650) 372-6200 ♦ FAX (650) 627-8244
WWW.SMCHEALTH.ORG/NODE/360



CERTIFICATION OF REPAIRS

HOUSING INSPECTION PROGRAM

Please complete and sign this *Certification of Repairs* and return to this office by mail/fax by the violation correction due date as noted on the Housing Inspection Report attached. **All violations must be abated** by the date noted in order to avoid an **inspection fee of \$182.00 per hour**.

Owners Name:		Phone:
Address of Property Inspected:		CO# N/A
APN # as noted on letter:		PR# as noted on letter:

With respect to the violations noted on the Housing Inspection Report/Letter of Allegation, I state that:

- ▶ All cited violations have been corrected;
- ▶ I believe that any information attached is true, accurate and complete;
- ▶ I am aware that I may be asked to show proof of documentation that repairs have been made (e.g., receipts/contracts/permits, etc);
- ▶ I am aware that there are significant penalties for submitting false information and/or non-compliance with the violations noted.
- ▶ COMMENTS:

Certification: I, _____, as _____
(PRINT NAME) (POSITION/TITLE)

certify under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

e-mail address: _____

E-MAIL TO BE USED FOR NOTIFICATION PURPOSES ONLY

DEPARTMENT USE ONLY

PR# _____ Date Rec'd: _____ Comments: _____

Verified by: _____ Date: _____ Inspector Initials: _____ Updated Info By: _____ Scanned By: _____

RETURN ADDRESS:

PLACE
STAMP
HERE

San Mateo County Environmental Health Services Division
Attn: Housing Program
2000 Alameda de las Pulgas, Suite 100
San Mateo, CA 94403
