



# Certificate of Completion

## Request Form

**This area to be completed at time of Drop- Off**

Name of Person Applying for Certificate: \_\_\_\_\_

Are You the Owner or Contractor? \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Master Permit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Total Number of Cards Dropped-Off: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

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**This area to be completed at time of Pick-up**

Name of Person picking up Certificate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_