



Community Development Department
Building Services Division
4900 Village Commons
Matteson, IL 60443
(708) 481.8313

AFFIDAVIT

NAME: _____
(Print name) (Signature)

accepts full responsibility for making the needed repairs indicated on the Existing
Structure Inspection Report submitted by the Village of Matteson for the home at:

(Address)

(Mailing address if different from above)

(City) (State) (Zip Code)

(Telephone number) (Cell number)

(E-mail address) (Fax number)

and agrees to call the Village of Matteson at (708) 481-8313 for a re-inspection within
thirty (30) days of closing.

(Notary) (SEAL)

(Date)