



CITY OF MUSKEGON INSPECTIONS

CARBON MONOXIDE REPORT

RETURN TO:

933 TERRACE ST. ROOM 201

FAX: 231-728-4371 PHONE: 231-724-6766

MUSKEGON, MI 49440

Contractor Information: _____

Address _____

City, State & Zip _____

Contact information _____

Mechanical License # (need classification 2, 5, 6 or 1 for boiler):

Property address: _____

Make: _____

Model: _____

Serial #: _____

Type of unit inspected: _____

(i.e.; furnace, boiler, water heater)

CO ppm level:

(at unit tested) _____

(at supply register where applicable) _____

CONTRACTOR SIGNATURE: _____

SUBMIT ONE FORM PER UNIT