



# 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) \_\_\_\_\_

**SUBMIT ONE FORM PER UNIT**