

# AFFIDAVIT TO ASSUME CITY OF WOODHAVEN RESALE REPAIRS/CORRECTIONS

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

To Whom It May Concern:

Let this be official acknowledgement that I/we as buyer(s) will assume the responsibility for the repairs/corrections listed in the City of Woodhaven re-sale inspection list for the property located at \_\_\_\_\_, Woodhaven MI 48183

I/we understand a final inspection and certificate of occupancy must be obtained before occupancy. I/we will have all repairs/corrections completed and re-inspected within 60 days of closing on the property.

**NO OCCUPANCY IS PERMITTED UNTIL REPAIRS ARE CORRECTED  
AND RE-INSPECTED.**

Printed name: \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_

Printed name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Building Department Witness Signature or Notary Seal:

\_\_\_\_\_