

AFFIDAVIT

(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:

(Address)

(Mailing Address if Different)

(Telephone)

(Cell Phone)

and agree to call the Village of Matteson for a reinspection within thirty (30) days of closing.

Notary

(Seal)

Date