



**CODE ENFORCEMENT DEPARTMENT**

**ROBERT A. DAY, SUPERVISOR**

**732-988-5200 X 213**

I/WE, \_\_\_\_\_ am in receipt of the Township of Neptune Inspection checklist.

I/WE, is/are aware that Neptune Township is on a PASS or FAIL basis and that no Temporary Certificate of Inspection will be issued.

The attached/enclosed requirements shall be strictly adhered to.

NAME (S): \_\_\_\_\_

PLEASE PRINT

SIGNATURE (S): \_\_\_\_\_

DATE: \_\_\_\_\_