



# Charter Township of Washington

COUNTY OF MACOMB  
STATE OF MICHIGAN

## BUILDING DEPARTMENT

### SWORN STATEMENT FOR RESIDENTIAL FUEL GAS PIPE TESTING

All requirements of the Michigan Residential Code  
Inspection, Testing and Purging, have been completed at the subject residential job site:

JOB ADDRESS: \_\_\_\_\_ Washington, MI \_\_\_\_\_

Mechanical Contractor Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

MI Mechanical License Number \_\_\_\_\_

X \_\_\_\_\_  
Mechanical Contractor's Signature Date

Installer's Name (actual person who is testing the gas pipe) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

X \_\_\_\_\_  
Installer's Signature Date