



**REQUEST FOR
CERTIFICATE OF COMPLETION**

**COMMUNITY DEVELOPMENT DEPARTMENT
(847) 506-6030 - PHONE
(847) 483-0365 - FAX
www.cityrm.org/rmcd**

Today's Date

Property Address

Unit or Apt. #

If commercial property, please indicate company/tenant name

Project Number

*Date Certificate of Occupancy is required
(Please allow us 24-48 hrs. notice)*

Requested By

*Contact Number (phone or cell)
(We will call you when the certificate
of occupancy is ready for pickup, please supply
us with a contact number.)*

**** For Community Development Department Use ****

Current Business License: Yes No

Called: _____
Date

by: _____
(initials)