



**TOWNSHIP OF TOMS RIVER**

**DIVISION OF CODE ENFORCEMENT/HOUSING**

PO BOX 728, TOMS RIVER, NJ 08754

Tel: 732-341-1000 EXT 8440 Fax: 732-286-3917

Email: [MCCUO@TOMSRIVERTOWNSHIP.COM](mailto:MCCUO@TOMSRIVERTOWNSHIP.COM)

**MCCUO HVAC Certification Document**

Street Address: \_\_\_\_\_,

Blk: \_\_\_\_\_ Lot: \_\_\_\_\_

**Choose Only One**

**Certification Option #1 Owner Certification:**

I, \_\_\_\_\_, the owner of the above referenced property hereby certifies that the HVAC system has been inspected or serviced and found to be in good working order within the last 365 days as shown on the attached receipt (Provide Copy).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certification Option #2 Licensed HVAC Contractor or NJ Licensed Home Inspector:**

I, \_\_\_\_\_, NJ License No. \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

- Licensed HVAC Contractor
- NJ Licensed Home Inspector

Hereby certifies that the HVAC system has been inspected or serviced and is found to be in good working order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date