

SOUTHERN IOWA REGIONAL HOUSING AUTHORITY

219 N. Pine Street, Creston, Iowa 50801

FAX: (641) 782-5900, email: [sirha@sirha-ia.org](mailto:sirha@sirha-ia.org), or MAIL to address listed above

**The heating system must be checked, this form completed and returned to SIRHA by \_\_\_\_\_ or PAYMENT to the Landlord WILL BE HELD beginning \_\_\_\_\_.**

I hereby certify that the heating system which includes a gas furnace or gas boiler system and all flues and chimneys are in safe operating condition and were adequately serviced.

Address of Unit \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Name of Inspectors Company \_\_\_\_\_

Address of Inspectors Company \_\_\_\_\_

Company's License or State I.D. Number \_\_\_\_\_

Signed: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_