Clarification Record

Applicant / Resident Name:	
Project Name:	Unit Number:
Certification / Recertification Date:	
Means of Clarification:	Phone Conversation Person-to-Person Conversation Other: (please state below)
Name of Person Supplying Information: Title: Date of Clarification: Company / Organization:	
Reason for Clarification:	
Explanation for Clarification Given:	
Name & Title of Person Receiving Above Inform	mation Date



