

**CITY OF HIALEAH**  
**REQUEST FOR A CONDITIONAL CERTIFICATE**  
**(Print Name Clearly)**

**CITY REFERENCE #:** \_\_\_\_\_

**CLERK:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Folio #: \_\_\_\_\_

Person requesting conditional: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Buyer's Name (s):** \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

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**IMPORTANT INFORMATION**

**The Building Department will only release information to the authorize agent on file. For any question regarding the Re-Occupancy procedures send an email to [buildingdepartmet@hialeahfl.gov](mailto:buildingdepartmet@hialeahfl.gov)**

<b>ACCOUNT</b> <b>001.0203.354170</b>	<b>DESCRIPTION</b>	<b>FEES (\$)</b>
	Conditional Request	\$ 500.00
	Other	
	<b>TOTAL BALANCE</b>	<b>\$ 500.00</b>

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**OFFICIAL USE ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED / DENIED**

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_