

AFFIDAVIT OF COMPLIANCE OF SMOKE ALARM
AND CARBON MONOXIDE ALARM INSTALLATION

(I) (WE) are the transferer (s) of the property located at _____ in _____ county,
_____ state.

(I) (WE) attest that the property at the time of transfer has installed on its premises an operable single or multiple station smoke alarms and single or multiple carbon monoxide alarms.

Transferer's Name _____

Transferer's Signature _____

Date _____

Transferer's Name _____

Transferer's Signature _____

Date _____