

Fire Safety Affidavit

Property Address _____

Name _____

Date _____

Dear Owner/Representative:

Please sign the affidavit below verifying that all smoke alarms are properly installed and operable, and the residence is provided a 2-A 10-BC fire extinguisher.

I, _____, as property owner/manager, confirm all of the bedrooms and common areas located at _____ are provided with operating smoke detectors, which, at the time of installation, were installed and tested in accordance with the manufacturer's specifications. In addition; a fire extinguisher has been provided with a minimum rating of 2-A 10-BC in a location readily accessible to the occupant.

Furthermore, I understand it is my responsibility as property owner/manager to ensure the smoke detectors are operable annually or when it is brought to my attention a defect exists.

Sincerely,

(Signature of Owner/Representative)

Owner/Representative's Name
(please print or type)

PLEASE RETURN TO:

Pacific Grove Finance Department
300 Forest Avenue
Pacific Grove, CA 93950