

CORAL SPRINGS PARKLAND

— FIRE DEPARTMENT —



FRANK BABINEC
Fire Chief

AFFIDAVIT OF COMPLIANCE FOR SMOKE ALARM REQUIREMENT MULTI-FAMILY DWELLINGS

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the owner of the real property located at

Property Address

Coral Springs
City

Florida
State

Zip Code

That the Premise has installed the approved and operational smoke detecting device in compliance with the provision of NFPA 101 31.3.4.5.3.

Please sign in front of a Notary Public & return the ORIGINAL to our office at the address below.

Please DO NOT FAX the signed Affidavit to our office.

Name of Owner/Agent (Print)

Phone Number

Name of Owner/Agent (Signature)

State of Florida
County of Broward

Sworn to and subscribed before me this ____ day of _____, 20____, by

_____ who is personally known to me or

has produced _____ as identification.

WITNESS my hand
and Official seal

Notary Public, State of Florida

Print name Exactly as commissioned