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 8/16/24

Transferer's Name _____

Transferer's Signature _____

Date _____