

## **BUILDING CODE ENFORCEMENT**

APARTMENT SMOKE ALARM CERTIFICATION FORM

This form is to be completed by building management and is to certify smoke alarm installation in existing apartment buildings at the time of the Life Safety Inspection.

PROPERTY INFORMATION	
Name of Apartments:	
Property Address:	
Master Project Number:	
MANAGEMENT AFFIRMATION	<u>I</u>
	ll buildings are equipped with smoke alarms in the intained in working order as required by the City of
Printed Name	Title
Signature	Date
Sworn to and subscribed before me, tl	he undersigned authority on theday of
,,	. To certify which witness my hand and seal of office.
NOTARY PUBLIC IN AND FOR THE	STATE OF TEXAS MY COMMISSION EXPIRES