SMOKE AND CARBON MONOXIDE ALARM DECLARATION

Address: __________________________________________

Date: __________________________________________

I ____________________________________________, Owner of the dwelling addressed above attest to the following:

1. All smoke and carbon monoxide alarms in the residence have been examined by me and or a qualified contractor and determined to be in compliance with their expiration dates.
2. That all of these same devices will remain in the dwelling and are real property.

Owner name (please print): __________________________________________

Owner signature: __________________________________________

Owner representative name (please print): __________________________________________

Representative signature: __________________________________________