



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

I hereby affirm that all units in all buildings are equipped with smoke alarms in the required locations, and will be maintained in working order as required by the City of Houston Building and Fire Codes.

Printed Name

Title

Signature

Date

Sworn to and subscribed before me, the undersigned authority on the _____ day of _____, _____. To certify which witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES