

AFFIDAVIT OF COMPLIANCE OF SMOKE ALARM & CARBON MONOXIDE ALARM INSTALLATION IN ONE AND TWO FAMILY HOME

| STATE OF NEW YORK | : | |
|--|--|--|
| | : ss.: | |
| COUNTY OF | : | |
| 1 (14/5) | | 1 - 1 (-) - (1) - |
| | are that the property at the time | he transferer (s) of the e of transfer has |
| separate sleeping 2. On each additiona and not including | e smoke alarms in each sleeping room a area in in the immediate vicinity of the I story of dwelling, including basements crawl spaces and uninhabitable attics. on monoxide detector device on each le | bedrooms and habitable attics |
| The property is a (one) (to | wo) family dwelling located at: | |
| Address | | |
| I, (WE) make this affidavir and Section 915 of the N | t in accordance with Section R314 of th YS Fire Code. | ne NYS Building Code |
| | | L.S Transferer |
| | | L.S Transferer |
| Sworn to before me this | | |
| day of | , 20 | |
| | | |
| Notary Public | | |