

**SMOKE DETECTOR AND CARBON MONOXIDE APPLICATION**

*Applications are accepted between the hours of 8:30 am to 4:00 pm*

Applications need to be filled out completely and printed legibly or it will not be accepted. P. O. Box addresses are not accepted.

Today's Date \_\_\_\_\_ Certificate # \_\_\_\_\_

Inspection Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Address to be Inspected \_\_\_\_\_ Re-Inspection Date \_\_\_\_\_

**Present Owner** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Owner Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**Seller's Attorney** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**Seller's Agent** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**Buyer's Name** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Buyer's Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**Buyer's Attorney** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**Buyer's Agent** (First & Last) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Sip \_\_\_\_\_

**IF SMOKE DETECTORS ARE CONNECTED TO AN ALARM SYSTEM, SOMEONE FAMILIAR WITH THE ALARM SYSTEMS MUST BE PRESENT. NOTE: IF A RE-INSPECTION IS REQUIRED THERE WILL BE A \$30.00 FEE**

Initial Fee Paid: \_\_\_\_\_ ( ) Cash ( ) Check ( ) M.O. ( ) C.C.

Re-Inspection Fee Paid: \_\_\_\_\_ ( ) Cash ( ) Check ( ) M.O. ( ) C.C.

PASSED: \_\_\_\_\_ Date: \_\_\_\_\_

FAILED: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* FAILURE TO ALLOW ACCESS FOR INSPECTION WILL RESULT IN AN AUTOMATIC FAILURE\*\*\***