

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 _____
Re-Inspection Date _____

Address to be Inspected _____

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***