SMOKE ALARM & EMERGENCY INSTRUCTION DOCUMENTATION

I, (print name)	,	
(Check one or both)		
OwnerOccupant of (Address)		Manchester, CT
Verify that I have an ope	erational smoke alarm i	nside of my home.
smoke alarms installed. S	Smoke alarms shall be a cinity of the sleeping ro	at all residential buildings have installed outside every sleeping ooms and on all levels of the
It is recommended that a room (required in all new		s be installed in each sleeping
	s. At minimum, smoke	ntained according to the alarms should be tested once a s replaced every 10 years.
I understand that the simaintained according to my smoke alarm(s) and	o the manufacturer in	nstructions. I have tested
	(Signature)	
	(Date)	
I have received and rea	d the fire emergency	instructions that have been
provided to me.	(Signature)_	
	(Date)	

If you have any questions in regards to smoke alarms or applicable Fire Safety Codes please contact your local Fire Marshal office at (860) 643-6209.