



TOWNSHIP OF WASHINGTON

CERTIFICATE OF FIRE SAFETY

DATE CERTIFIED _____

BLOCK _____ LOT _____

OWNER _____
ADDRESS _____

AGENT _____
ADDRESS _____

TELEPHONE (_____) _____
ACTUAL LOCATION _____

TELEPHONE (_____) _____
CHECK ONE AGENT OWNER

X _____ DATE _____

FEE PAID \$ _____

CASH CHECK # _____

I hereby certify that smoke and carbon monoxide sensitive alarm devices are installed in the proper locations at the above address in compliance with applicable regulations.

Municipal Official



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