

AFFIDAVIT OF COMPLIANCE OF SMOKE AND CARBON MONOXIDE ALARM
INSTALLATION

IN ACCORDANCE WITH ROCKLAND COUNTY SANITARY CODE THERE MUST BE ONE (OPERABLE SINGLE STATION SMOKE DETECTING ALARM DEVICE) LOCATED ON EACH FLOOR OF THE PREMESIS. IN ADDITION, THERE MUST BE A SMOKE DETECTOR IN EACH SLEEPING AREA. IT IS ALSO REQUIRED THAT THERE BE ONE OPERABLE CARBON MONOXIDE DETECTOR INSTALLED PER DWELLING.

STATE OF NEW YORK)
) ss:
COUNTY OF ROCKLAND)

1. I (we) am/are the owner(s) of the property described herein, and attest that the property, at the time of transfer/refinance, complies with the above regulations

2. The property is a _____ family dwelling located at: Section _____ Block _____ Lot _____

Property Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

3. I (we) make this affidavit in accordance with New York State and Rockland County Law.

Owner/Transferor : _____

Owner/Transferor : _____

Sworn to before me this

_____ day of _____, 20____

Notary Public