

STATE OF NEW YORK
AFFIDAVIT OF COMPLIANCE OF SMOKE ALARM INSTALLATION
IN ONE AND TWO FAMILY DWELLINGS

State of New York)
 SS:
County of)

1. (I) (We) are the transferor(s) of the property described herein, and attest that the property at the time of transfer has installed on its premises an operable single station smoke detecting alarm device.

2. The property is a (one) (two) family dwelling located at

Section: _____ Block: _____ Lot: _____

3. Property Owner(s) : _____
(Please Print or Type)

4. Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

5. (I) (We) make this affidavit in accordance with Section 373 Subdivision 5 of the Executive Law.

Sworn to before me this _____ day
of _____, 200__

Notary Public

