



Hover form fields for instructions.

## **Affidavit of Compliance for Smoke Alarm Requirement Multi-Family Dwellings**

Complete this form, sign in front of a Notary Public, and return the original to our office located at 4150 NW 120 Avenue, Coral Springs, Florida 33065. Affidavits returned by fax cannot be accepted.

The undersigned, being duly sworn and deposed, says under penalty of perjury that he or she is the owner of the real property located at the following address and that the premise has installed the approved and operational smoke detecting device in compliance with the provision of NPFA 101 31.3.4.5

\_\_\_\_\_  
Street City State ZIP Code

\_\_\_\_\_  
Name of owner/agent Phone Owner/agent signature & date

**STATE OF FLORIDA, COUNTY OF BROWARD**

Sworn to (or affirmed) and subscribed before me this day, \_\_\_\_\_

by \_\_\_\_\_ who is personally known — or produced \_\_\_\_\_

\_\_\_\_\_  
Notary seal

\_\_\_\_\_  
Notary public signature

\_\_\_\_\_  
Printed name exactly as commissioned