Sacramento Metropolitan Fire District

Community Risk Reduction Division **ww.metrofire.ca.gov**

10545 Armstrong Ave., Ste. 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

KURT P. HENKE
Fire Chief

SMOKE ALARM DECLARATION

APARTMENT / CONDOMINIUM / HOTEL / MOTEL INFORMATION:

Complex Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Number of dwelling units: _____

COMPLEX OWNERSHIP INFORMATION:

Owner's Name: _____ Telephone: _____

Owner's Address: _____ City: _____ Zip: _____

PROPERTY MANAGEMENT INFORMATION:

On-Site Manager Name: _____ Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Property Management Company: _____

Address: _____ City: _____ Zip: _____

Company Contact: _____ Telephone: _____

This is to certify that approved smoke alarms have been installed and are currently working in the above named site as per section 13113.7 of the California Health and Safety Code and section 907.3 of the 2007 California Fire Code. The smoke alarms are required to be tested at least monthly, or more frequently if required by the manufacturer's written guidelines.

# of smoke alarms installed: _____ **=** # of Battery Powered: _____ plus # of 110 volts Electric: ____

_____
By: (Print or type name)

_____
Signature

_____
Title Date:

Attach appropriate handout (32R: Rental or 32H: Hotel/Motel) Revised: 01-14