

Tenant 2 Signature :

## Alarm Sheet CARBON MONOXIDE & SMOKE

## INSTRUCTIONS

To be completed alongside *Property Inspection Checklist* by Property Manager ("PM").

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CONTACT	INFORMATION	
Property Address :		
City :		Postal Code :
Property Manager :		
Tenant 1 Name :		Phone #:
Tenant 2 Name :		Phone #:
Witness Name :		Phone #:
DECLARATION		
There are a total of :	# Carbon Monoxide al	arm(s), and # smoke alarm(s)
Carbon monoxide alarm(s) are located at :		
Smoke alarm(s) are located at :		
The Property Manager will :		
<ul> <li>test the devices after installing new batteries, if/when applicable</li> <li>replace the devices within the time frame indicated by the manufacturer's instructions</li> </ul>		
The Tenant acknowledges :		
<ul> <li>the alarm device(s) is/are in proper working condition</li> <li>never to disable or tamper with any of the devices</li> <li>to let the PM know immediately if any device becomes disconnected, is not operating properly, or its operation is impaired</li> </ul>		
Date :	M M / D D / Y Y	Tenant was present? : Y N
Tenant 1 Signature :		PM Signature :

Witness Signature :