



DEPT. OF LICENSES & INSPECTION
MUNICIPAL BUILDING
250 POND STREET
BRISTOL, PA 19007

SMOKE ALARM CERTIFICATION

PROPERTY ADDRESS: _____

I, _____, AM THE CURRENT OWNER/
MANAGING AGENT OF THE PROPERTY LISTED ABOVE AND
HEREBY CERTIFY THAT I HAVE PERSONALLY INSPECTED ALL
SMOKE ALARMS AT THIS ADDRESS AND HAVE FOUND THEM TO
BE IN GOOD WORKING CONDITION. I UNDERSTAND THAT A RE-
INSPECTION BY THE BUILDING INSPECTOR IS NOT REQUIRED AT
THIS TIME BECAUSE THIS PROPERTY PASSED INSPECTION ON
_____.

Print Name: _____

Signature: _____

Date: _____