

# CORAL SPRINGS PARKLAND

— FIRE DEPARTMENT —



**FRANK BABINEC**  
Fire Chief

## **AFFIDAVIT OF COMPLIANCE FOR SMOKE ALARM REQUIREMENT MULTI-FAMILY DWELLINGS**

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the owner of the real property located at

---

### Property Address

Coral Springs

Florida

City

State

Zip Code

That the Premise has installed the approved and operational smoke detecting device in compliance with the provision of NFPA 101 31.3.4.5.3.

**Please sign in front of a Notary Public & return the ORIGINAL to our office at the address below.**

**Please DO NOT FAX the signed Affidavit to our office.**

---

Name of Owner/Agent (Print)

---

Phone Number

---

Name of Owner/Agent (Signature)

State of Florida  
County of Broward

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ who is personally known to me or

has produced \_\_\_\_\_ as identification.

WITNESS my hand  
and Official seal

---

Notary Public, State of Florida

---

Print name Exactly as commissioned