

NOTICE REGARDING SMOKE DETECTORS

By signing this page, I acknowledge the presence of _____ smoke detector(s) in my

apartment unit. These smoke detectors have been tested and are operating. I further
acknowledge that a representative of _____
(landlord or rental agency)
has explained to me the way in which smoke detectors should be tested in the future.

For my own safety, and the safety of other tenants, my landlord and/or rental agent
recommends that these smoke detectors be tested by me on a weekly basis and should be
tested no less often than on a monthly basis.

If I do not wish to test the smoke detector(s) at least monthly, or are unable to test them, I
may contact the landlord/rental office each month and arrange for a representative of
_____ to come in and test them.
(landlord or rental agency)

In the event that a test reveals that my smoke detectors are not working, I will contact the
landlord/rental office immediately and a representative of _____
(landlord or rental agency)
will make arrangements to check and repair the detector(s).

***IF WE (LANDLORD OR RENTAL AGENCY) DO NOT HEAR FROM YOU (THE
TENANT) IN ANY GIVEN MONTH, WE WILL ASSUME THAT THE SMOKE
DETECTOR(S) ARE WORKING.***

**THE TAMPERING WITH OR DISABLING OF
SMOKE DETECTORS IS A CRIMINAL OFFENSE!
PERSONS FOUND TAMPERING WITH OR DISABLING
SMOKE DETECTORS WILL BE PROSECUTED.**

Tenant / Lessee

Landlord or Rental Agent

Address

Address

Date

Date