## CARBON MONOXIDE ALARM VERIFICATION FORM RENTAL PROPERTY INFORMATION

Rental	Property Address		Unit #	_ Zip Code	
Property Account/Tax ID:			Council District		
Type o	f Dwelling: Single Family/Duplex/ Roy	w Home/Townhouse (Complete one for	m per unit)		
	I	PROPERTY OWNER INFORMATIO	N		
Property Owner Name			Home Phone		
Property Owner Address			Zip Code		
Email Address		Cell Phone			
		LEGAL AGENT INFORMATION			
Legal Agent Name			Daytime Phone		
Legal A	Agent Address				
City		State	Zip Code		
Email A	Address	Cell Phone			
	An alarm is installed on every level of Information was provided by the own The owner will keep a signed copy of The owner will provide an alarm d occupies the dwelling unit and has red	been installed in accordance with the man f the dwelling unit and audible in sleepin her on alarm testing and maintenance to a f this form acknowledging receipt by the esigned to alert hearing-impaired reside quested the installaton of the alarm by cer in the carbon monoxide alarm according to	g areas. at least one adult occ tenant. ents if an individua rtified mail	supant of the dwelling unit. I who is hearing-impaired	
	The tenant must replace the batteries in the alarm as needed, and notify management by certified mail immediately of any malfunctions or other problems with the carbon monoxide alarm. Upon receipt of such notice, the owner must repair or replace the alarm.				
	The tenant may not remove or disconnect the alarm and may not remove the batteries or otherwise render the alarm inoperable.				
		n this law because it meets all of the follo No attached garageNo wood bur		stove	
OWNER SIGNATURE				Date	
TENANT SIGNATURE			Date	Date	
Please	return completed form to:				

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EVERY CHANGE OF TENANT