



MUNICIPALITY OF
South Bruce

Date of Testing/Installation: _____

I (owner or owner's representative) installed and/or tested the smoke alarm(s) and/or carbon monoxide detector(s) at:

Address: _____

Unit or
Apartment #: _____

Expiry date of Smoke Alarm(s):

Basement: _____

1st Floor: _____

2nd Floor: _____

Location of Carbon Monoxide Alarm(s):

The smoke alarm(s) and/or carbon monoxide detector(s) were in working order upon completion of the installation/test and not expired.

Owner or Owner's Representative:
(ie. Property Manager, Superintendent)



(Signature)

(Please print name)

Tenant or Occupant:



(Signature)

(Please print name)