

**Village of Warwick Building Department**

**77 Main Street**

**PO Box 369**

**Warwick, NY 10990**

**(845) 986-2031**

**COMMERCIAL**

**Affidavit of Properly Installed and Maintained Smoke  
Alarms/Detectors and Carbon Monoxide Alarms/Detectors**

I confirm that I am the property owner or the legal agent of the address below and that all required smoke/fire alarm systems or single-station smoke alarms/detectors including carbon monoxide alarms/detectors have been installed as per the manufacturers' specifications are present, tested and function normally.

Address Referenced Above: \_\_\_\_\_ Warwick, NY

Owner/Manager/Agents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Manager/Agents Signature: \_\_\_\_\_  
(Signing must be witnessed by a Notary Public.)

Date signed \_\_\_\_\_

Notary Public

Stamp or Seal

Emergency Contact Information

Print Name \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

This form must notarized and submitted to the Village of Warwick Building Department within thirty (30) days of receipt.

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**Affidavit of confirmation that all Exit Signs and Emergency  
Lighting Units are operational and functioning normally**

I confirm that I am the property owner or the legal agent of the address below and that that the existing and any new required lighted Exit Signs and Emergency Lighting Units have been installed and are operating as per the manufacturers' specifications

Address Referenced Above: \_\_\_\_\_ Warwick, NY

Owner/Manager/Agents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Manager/Agents Signature: \_\_\_\_\_  
(Signing must be witnessed by a Notary Public.)

Date signed \_\_\_\_\_

Notary Public

Stamp or Seal

Emergency Contact Information

PrintName \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

This form must notarized and submitted to the Village of Warwick Building Department within thirty (30) days of receipt.