

**Village of Warwick Building Department
77 Main Street
PO Box 369
Warwick, NY 10990
(845) 986-2031**

RESIDENTIAL

**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 that every bedroom, every hallway outside the bedroom or common area, and every level in the hallway areas has a working smoke alarm/detector. I also confirm that carbon monoxide alarm/detectors have been installed 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.)

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.