

Smoke Detector Compliance Form

Property Address: _____

LANDLORD:

Owner: _____
Managing Agent: _____
(If applicable)

TENANT(S): _____

I attest that I have a working Smoke Detector or Detectors (if there are multiple floors).

Tenant(s) Name: (Printed) _____

Tenant(s) Name: (Signature) _____

Dated: _____

The following laws apply to this notice and are available at the Internet websites listed below:

IC 22-11-18
<http://www.in.gov/legislative/ic/code/title22/ar11/ch18.html>

IC 32-31-5-7
<http://www.in.gov/legislative/ic/code/title32/ar31/ch5.html>

IC 32-31-7-5
<http://www.in.gov/legislative/ic/code/title32/ar31/ch7.html>