

STATE OF NEW YORK

**AFFIDAVIT OF COMPLIANCE OF SMOKE ALARM & CARBON
MONOXIDE ALARM INSTALLATION**

IN ONE AND TWO FAMILY HOME

State of New York)

SS.:

County of Sullivan)

1. (I) (WE) are the transferor (s) of the property described herein, and attest that the property at the time of transfer has installed on its premises an operable single or multiple station smoke alarms and single or multiple carbon monoxide alarms.

2. The property is a (one) (two) family dwelling located at:

Address: _____

Town: _____ County: _____

State: _____ Zip: _____

3. (I) (WE) make this affidavit in accordance with Section 373 subdivision 5 of the Executive Law.

Transferor L.S

Transferor L.S

Sworn to before me this _____ day

of _____ 20 _____

Notary Public