

**AFFIDAVIT ATTESTING TO THE APPLICATION
OF INTERIOR FINISH PROTECTION**

BUSINESS NAME:			
REGISTRATION NUMBER:		STREET ADDRESS:	
MUNICIPALITY:	STATE:	ZIP CODE:	PHONE #:
OWNER'S ADDRESS: Information may be omitted ONLY if owner resides year round at above address.			
OWNERS ADDRESS:		STREET ADDRESS:	
MUNICIPALITY:	STATE:	ZIP CODE:	PHONE #:

I hereby attest that I have applied to the areas defined in the Notice of Violation, following the manufacturer's directions, the appropriate coverage of a fire retardant agent herein specified.

Give brief description of areas protection was applied to:

The following fire retardant material was used:

	(Brand Name and Type of retardant)
	(Number & size of containers used)
	(Number of coats/rate of application)

I further submit and attach a copy of the purchase receipt(s) for the above named product and a label from one container.

I certify that all statements made by me in this affidavit are true. I am aware that if any of the foregoing statements are made by me are willingly false, I am subject to penalty.

Owner/Agent Signature	Title	Date
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