

Lancaster Township Smoke Detector Certification

Property Address: _____

Property Owner(s): _____

Phone #: _____ Email: _____

Type of Smoke Detectors Installed (check only those that apply)

- Hard wired with battery backup
- Battery only
- Third party alarm monitoring system

Smoke Detectors must be installed in these locations

- In each sleeping area (including all bedrooms)
- Outside sleeping area in nearest hallway
- At least one on each story of dwelling including basements and habitable attics

All three locations must be checked to receive certification!

I hereby attest that all information listed above is true and accurate.

Signed by: _____ or _____
(Homeowner) (Inspector)

Printed: _____

Today's Date: _____

This certification is valid for ten (10) years from the above date.

Please mail this form to: **Lancaster Township
1240 Maple Ave
Lancaster PA 17603**

Township Use Only

Rcvd: _____
Date Stamp _____ Entered _____ Initials _____