



AFFIDAVIT OF INSTALLATION & TESTING FOR SMOKE AND CARBON MONOXIDE ALARMS

This affidavit is to be completed at the time of the testing of the project's required smoke and/or carbon monoxide alarms. It is permitted to modify this form as required to provide a more complete and/or clear record. Insert N/A on all unused lines. Attach additional sheets, data, or calculations as necessary to complete form.

Form Completion Date: 9/15/19 DOB Job/Application No.: 123462895

1. PROPERTY INFORMATION

Property Owner: Jennifer Rhodes
 Address: 1361 Madison Avenue 2D New York, NY 10028
 Phone: 646-373-3550 Email: talkrhodes@gmail.com Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: Adam Kincaid License No.: 613772
 Address: 425 Riverside Drive 1A NY NY 10025
 Phone: 413-446-8156 Email: kincaidconstruction@gmail.com Other: awkincaid@hotmail.com

3. ALARM TYPE(S)

Check all devices that have been installed as part of this application and provide the quantity of the installed devices.

- ☐ Smoke alarm (battery operated) Qty. _____
- ☐ Smoke alarm (hard-wired) Qty. _____
- ☐ Carbon monoxide alarm (battery operated) Qty. _____
- ☐ Carbon monoxide alarm (hard-wired) Qty. _____
- ☒ Combined Smoke/CO alarm (battery operated) Qty. 1
- ☐ Combined Smoke/CO alarm (hard-wired) Qty. _____

4. STATEMENT & SIGNATURES

I, Jennifer Rhodes as having the following relationship to the property above:
 (print name)

Check the applicable box: ☒ Owner ☐ Registered Design Professional ☐ Licensed Electrician
 swear or affirm under penalty of perjury that the required smoke and carbon monoxide alarm devices have been installed and tested in the above premises in complete accordance with all applicable Codes and regulations.

Name (please print): Jennifer Rhodes
 Signature: Jennifer Rhodes
 Date: 5/13/24

SEAL ONLY REQUIRED FOR
HARD-WIRED INSTALLATIONS

P.E./R.A./Licensed Electrician Seal