

Village of West Haverstraw
130 Samsondale Avenue
West Haverstraw, NY 10993
Phone No.: (845) 947-2800
Fax No.: (845) 947-1560

SMOKE DETECTOR
AND CARBON MONOXIDE ALARM
AFFIDAVIT

State of New York)
) s.s.:
County of Rockland)

I, _____, being duly sworn, depose and says:

1. That I currently reside at _____
_____.

2. That the premises located at _____,
_____, New York, is presently equipped with a smoke detector in each
sleeping room and on each floor/story, a smoke detector and carbon monoxide alarm located
adjacent to the bedrooms, a carbon monoxide detector where fuel-fired and solid-fuel burning
appliances and equipment, fireplaces or attached garages are located, and these systems are
presently in good working order.

3. That this affidavit is being given with the knowledge that it will be relied upon by the
Village of West Haverstraw in order to approve a Certificate of Occupancy and Violation Search
for these premises.

Dated:

Signature

Sworn to before me on this
____ day of _____, 20 ____

Notary Public

**Note: All requirements are as per §R313 of the NYS Residential Building Code.*