

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



BUSINESS INFORMATION:

REGISTRATION NUMBER: \_\_\_\_\_

BUSINESS NAME	STREET ADDRESS		
MUNICIPALITY	STATE	ZIP CODE	PHONE

**OWNER'S ADDRESS** Information may be omitted ONLY if owner resides year round at above address

OWNER'S NAME	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, with 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 used and a label from the container.

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

\_\_\_\_\_  
Owner / Agent Signature Title Date