



Winslow Township Fire Department



Fire Marshal
Michael S. Scardino
**AFFIDAVIT ATTESTING 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			
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, the appropriate coverage of a fire retardant agent herein specified.

Give brief description of areas protection was applied too:

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 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 penalty.

_____ Title _____ Date _____

Owner/Agent Signature

Office of the Fire Marshal