CARBON MONOXIDE ALARM VERIFICATION FORM RENTAL PROPERTY INFORMATION

Rental Property Address		Unit #	Zip Code
Property Account/Tax ID:		Council District	
Type of Dwelling: Single Family/Du	plex/ Row Home/Townhouse (Complete one form	per unit)	
	PROPERTY OWNER INFORMATION	Ī	
Property Owner Name		Home Phone	
Property Owner Address		Zip Code	
Email Address	Cell Phone		
	LEGAL AGENT INFORMATION		
Legal Agent Name		Daytime Ph	one
Legal Agent Address			
City	State	Zip Code	
Email Address	Cell Phone		
This form is to verify that the owner and	tenant have complied with the Carbon Monoxide Alarn	n Law of Baltimore	County (BCC 35-5-213.1)
☐ The Carbon Monoxide Alarm	ns have been installed in accordance with the manu	facturers' specifica	ations.
☐ An alarm is installed on ever	y level of the dwelling unit and audible in sleeping	areas.	
	the owner on alarm testing and maintenance to at d copy of this form acknowledging receipt by the te		cupant of the dwelling unit.
	alarm designed to alert hearing-impaired resident has requested the installation of the alarm by cert		l who is hearing-impaired
☐ The tenant agrees to test and	The tenant agrees to test and maintain the carbon monoxide alarm according to management guidelines.		
	batteries in the alarm as needed, and notify mand lems with the carbon monoxide alarm. Upon rece		
☐ The tenant may not remove inoperable.	e or disconnect the alarm and may not remove	the batteries or o	otherwise render the alarm
	mpt from this law because it meets all of the follow ment No attached garage No wood burns		stove
OWNER SIGNATURE		Dat	re
TENANT SIGNATURE		Dat	e

Please return completed form to:

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EVERY CHANGE OF TENANT

PAI CER7 REV 04/01/2018