

CS Property Management

◆ 225 North Washington Street ◆ Bloomington, Indiana 47408 ◆
Phone: 812.330.1411 Fax: 812.332.2802

SMOKE DETECTOR ACKNOWLEDGEMENT

Name _____ Apartment _____

I acknowledge that my unit contains a minimum of one (1) smoke detector. Each smoke detector was inspected and deemed to be working properly at time of move in.

I agree to replace the battery in the smoke detector(s) as necessary and will notify CS immediately if any of the smoke detectors are not operating properly.

I also acknowledge that I will not tamper with, remove or replace any parts of the smoke detector(s) and a \$20.00 fine will be imposed if this occurs. Tampering with the smoke detector is a violation of Paragraph 14 (C) of the Lease Agreement and is grounds for immediate eviction.

It is recommended that you:

- Test the detector monthly
- Replace the 9 volt battery annually
- Refer to your CS Fire Safety flyer for more information

Signature _____ Date _____