

Letter of Affidavit

Date: _____

This letter is to certify that the Fire Alarm System and all devices activate and annunciate per plans reviewed by the Bureau of Construction & Permits, Fire Prevention Engineers, stamped & dated _____ for the Fire Alarm System at:

Address of job: _____

Name of job: _____

Area of work: _____

Description of work: _____

AP number: _____

Contractor's name: _____

Contractor's address: _____

Phone Number: _____ Fax Number: _____

Print Name: _____ Signature: _____

Title: SUPERVISING ELECTRICIAN

Supervising Electrician License #: _____

Email a copy of this form on **YOUR Company Stationary to: CFDFATESTS@cityofchicago.org**