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| --- |
| **COMPLETE ONLY IF SERVICES ARE PROVIDED IN A PUBLIC FACILITY** |
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|
| SENIOR RESOURCES - AGENCY ON AGING |
|  |
| CERTIFICATE OF FIRE SAFETY REGULATIONS |
|  |
|
| To: Senior Resources - Agency on Aging |
|  |
| FROM: |   |
|  |
| Instructions: This certificate must be submitted to the Senior Resources Agency on Aging with each application. |
|  |
| I certify that I have visited |   |
|  | (Name of Project) |
|  |
| at |   |
| in |   |
|  |
| and found that the premises meet fire safety requirements and have sufficient exits. |
|  |
| Signed, |
|  |
|
|
|
| Fire Marshall |
|  |
| Date |  |  |