|  |  |  |
| --- | --- | --- |
| **COMPLETE ONLY IF SERVICES ARE PROVIDED IN A PUBLIC FACILITY** | | |
|  | | |
|
|
| 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 |  |  |