



Town of Bellingham

OFFICE OF THE
Fire Prevention Division

Fire Protection Impairment Affidavit

(Name of person)

Hereby assumes full responsibility and liability for the property located
at

(Address of property)

while the fire protection system(s) are impaired.

Signature: _____

Company: _____

Date: _____

Notary: _____

(Notary signature not required if signature witnessed by Fire Department Representative)

Notary seal