



# Clinton Township & Lebanon Borough

## Bureau of Fire Safety Office of the Fire Marshal

### AFFIDAVIT ATTESTING TO THE APPLICATION OF INTERIOR FINISH PROTECTION

\*\*\*\*\*

*This area office use only*

Local ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_ Date of Affidavit: \_\_\_\_\_

\*\*\*\*\*

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

I hereby attest that I have applied to the areas defined in the Notice of Violation, following the manufacturer's directions, with the appropriate coverage of a fire-retardant agent herein specified.

**Give a description of the areas protection was applied to:**

\_\_\_\_\_  
\_\_\_\_\_

**The following fire-retardant material was used:**

\_\_\_\_\_ Brand Name and Type of retardant

\_\_\_\_\_ Number & size of containers used

\_\_\_\_\_ Number of coats/rates of application

I further submit and attach a copy of the purchase receipt(s) for the above named product used and a label from the container.

I certify that all statements made by me in this affidavit are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Owner/Agent Signature                      Print Full Name                      Title                      Date