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| --- | --- | --- |
|  | **Letter of Affidavit** | **(Tap to select 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 (Tap to select date) 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**