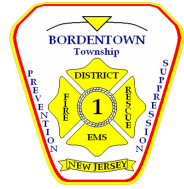


BUREAU OF FIRE PREVENTION
BORDENTOWN TOWNSHIP FIRE DISTRICT # 1
PO BOX 11372
YARDVILLE, NJ 08620
609-298-5375
609-298-4501 (FAX)

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



Registration #: _____

BUSINESS INFORMATION			
Business Name:	Municipality:		
Street Name:	State:	Zip Code:	Phone:

OWNER'S ADDRESS			
(Information may be omitted <u>ONLY</u> if owner resides year round at above address)			
Owner's Name	Municipality:		
Street Address:	State:	Zip Code:	Phone:

I HEREBY ATTEST THAT I HAVE APPLIED TO THE AREAS DEFINED IN THE NOTICE OF VIOLATION DATED: _____,
FOLLOWING THE MANUFACTURER'S DIRECTIONS, WITH THE APPROPRIATE COVERAGE OF A FIRE RETARDANT AGENT
HEREIN SPECIFIED.

THE FOLLOWING FIRE RETARDANT MATERIAL WAS USED:

(Brand name and type of retardant)

(Number and size of containers used)

(Number of coats/rate 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 TITLE DATE