BUREAU OF FIRE PREVENTION
BORDENTOWN TOWNSHIP FIRE DISTRICT # 1
PO BOX 11372
YARDVILLE, NJ 08620
609-298-5375
dutyfm@missionfire.org

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 ONLY 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