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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**](mailto:CFDFATESTS@cityofchicago.org)