

Wallingford Fire Department
Fire Prevention Division
75 Masonic Avenue, Wallingford, CT 06492
Phone (203) 294-2766 Fax (203) 294-2736
firepreventiondivision@wallingfordfd.com



TENANT'S CONSENT to INSPECT their DWELLING UNIT

APARTMENT/CONDOMINIUM COMPLEX: _____

ADDRESS: _____ Unit # _____

I, the undersigned, as the lawful **TENANT** of the unit indicated above and based upon the information presented herein do hereby grant access and consent to the Wallingford Fire Department Fire Prevention Division and the person named below to inspect my apartment and/or condominium unit ***while I am not present.***

I understand:

1 – That a member of the Fire Prevention Division will be on the premises for the purpose of conducting a required fire safety code inspection on: _____ from _____ to _____ and ***I will not be present;***

2- That this inspection is required by Connecticut General Statute to enforce compliance with the requirements of the Connecticut Fire Safety Code and Connecticut Fire Prevention Code;

3- That the person named below has been granted my permission and consent to use his/her key to access my unit for this inspection;

4- That the Fire Prevention Division reserves the right to contact me to verify this consent;

5- That I may eliminate the need for this Consent by calling the Fire Prevention Division at 203-294-2766 ***prior to the date above*** and scheduling an appointment for when I will be present at my convenience during the ***next thirty (30) days.***

I, _____, as the lawful **tenant** of the unit indicated above, do hereby grant consent to _____ (Name) /
_____ (Relationship (landlord, property manager, etc..))

to provide access to my unit for a fire safety code inspection on my behalf ***and remain present during the inspection.***

Signature: _____ Unit No.: _____ Date: _____

Contact #: Home: _____ Work: _____ Cell: _____

I _____ (Name) verify that no damage was caused during the fire safety inspection of
_____ on _____ Unit _____

Date _____ Signature _____