Bureau of Fire Prevention Fire Marshal Roy Mondi

> **Fire Inspector** Ryan Pinnella Brett Colavito



Township of Montgomery 100 Community Dr. Skillman, NJ 08558 Phone: 908-359-8211 Fax: 908-533-9329 fireprevention@montgomerynj.gov www.montgomerynj.gov

AFFIDAVIT ATTESTING TO THE APPLICATION OF INTERIOR FINISH PROTECTION

	This area off	ice use only			
Local ID#:	State ID#:		Date of At	ffidavit:	
Business Name	2:				
Street Address	:			-	
Phone #:					
Owner's Name	:				
Federal I.D. Nu	imber:	Phone #:			
The following fire retarda					
-	Brand Name and Type of retarda	nt			
	Number & size of containers use				
	Number of coats/rate of applicat				
I further submit and attach container.	a copy of the purchase receipt(s) for the above nan	ned produc	t used and a label from:	the
	s made by me in this affidavit are alse, I am subject to punishment.	true. I am aware th	at if any of	the foregoing stateme	nts
Owner/Agent Signature	Print Full Name	T	ïtle	Date	