



Town of Manchester
Fire Marshal's Office
494 Main Street
Manchester, CT 06040
(860) 647-3267



TENANT'S CONSENT to INSPECT LIVING UNIT

APARTMENT/CONDOMINIUM COMPLEX: Unit #	ADDRESS:
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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 Fire Marshal's office inspectors and the person named below to inspect my apartment and/or condominium unit **while I am not present.**

I understand:

1 – That inspectors from the Manchester Fire Marshal's Office will be on the premises for the purpose of conducting annual fire safety code inspections 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 Fire Safety Code of the State of Connecticut;

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 Marshal's inspectors reserve the right to contact me to verify this consent;

5- that I may eliminate the need for this Consent by calling the Fire Marshal's Office at **860-644-2511 X151 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
Print Name

grant consent to _____ / _____
Name/contact info Relationship (landlord, property manager, etc..)

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

Signature: _____ Unit No.: _____ Date: _____

Daytime Telephone Nos.:		
Home:	Work:	Cell:

I _____ verify that no damage was caused during the fire s
 Print Name
 inspection of _____ on _____
 Unit Date

Signature