



JACKSON BUREAU OF FIRE SAFETY FIRE DISTRICT NO. 1 & 3

200 KIERYCH MEMORIAL DRIVE
JACKSON N.J. 08527

FRANK McDONNELL
FIRE OFFICIAL

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FIRE RETARDENT AFFIDAVIT

File No. _____

BUSINESS NAME _____

STREET ADDRESS _____

PHONE _____

OWNER'S NAME _____

STREET ADDRESS _____

PHONE _____

I hereby attest that I have applied to the areas defined in the Notice of Violation, following the manufacturer's directions, with the appropriate coverage of a fire retardant agent herein specified. Give brief description of areas protection was applied to:

The following fire retardant material was used:

Brand Name/ type of retardant _____

Number & 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