



APARTMENT COMPLEX:	ADDRESS:
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I, the undersigned, as the lawful **TENANT** of the unit indicated below and based upon the information presented herein do hereby grant or deny permission, as indicated below, to Department of Town Fire Marshal inspectors to inspect my apartment unit. I understand:

- 1- that this inspection is required by Connecticut General Statute to enforce compliance with the requirements of the Connecticut Fire Safety and Fire Prevention Codes;
- 2- that Fire Marshal inspectors will be on the premises for the purpose of conducting the required inspections during the **four-week period beginning:** _____
- 3- that I may eliminate the need for this Consent by calling the Fire Marshal's Office at **860-870-3126** and scheduling an appointment for the inspection at my convenience; for your added convenience, some Saturdays will be available by appointment;
- 4- that only areas in plain view shall be inspected and no cabinets, closets, drawers, etc. shall be opened for any purpose, except that passageway and egress doors may be opened;
- 5- that the inspection will be conducted on weekdays only, between the hours of 9:00 am and 5:00 pm., with a representative of Management in attendance and using their key for access;
- 6- that any and all animals inside the unit will be properly secured by me prior to entry;
- 7- that I can refuse permission to inspect or that I can halt the inspection at any point; and
- 8- that if I refuse consent or halt the inspection the Town Fire Marshal may apply at Superior Court for an Administrative Search Warrant for the purpose of conducting the inspection and, if a warrant does issue, that inspection will then be done at the convenience of the Town and with assistance from the Connecticut State Police.

This information is provided so that you may be informed of our duties and your rights.

_____ **Approval or Denial of CONSENT** _____

I, _____ do hereby **GIVE CONSENT**
PRINTED NAME OF TENANT **DENY CONSENT**
for the inspection as indicated above.

Signature: _____ Unit No.: _____ Date: _____

Please provide a <u>daytime</u> telephone number for scheduling purposes:		
Home:	Work:	Cell:

Please FAX (860-870-3122; E-mail (firemarshal@ellington-ct.gov) or mail this form to:
Ellington Fire Marshal's Office
P.O. Box 187
Ellington, CT 06029