

CARBON MONOXIDE ALARM VERIFICATION FORM

RENTAL PROPERTY INFORMATION

Rental Property Address _____ Unit # _____ Zip Code _____

Property Account/Tax ID: _____ Council District _____

Type of Dwelling: Single Family/Duplex/ Row Home/Townhouse (Complete one form per unit)

PROPERTY OWNER INFORMATION

Property Owner Name _____ Home Phone _____

Property Owner Address _____ Zip Code _____

Email Address _____ Cell Phone _____

LEGAL AGENT INFORMATION

Legal Agent Name _____ Daytime Phone _____

Legal Agent Address _____

City _____ State _____ Zip Code _____

Email Address _____ Cell Phone _____

*This form is to verify that the owner and tenant have complied with the Carbon Monoxide Alarm Law of Baltimore County *DEE'57/7/435B+*

- The Carbon Monoxide Alarms have been installed in accordance with the manufacturers' specifications.
- An alarm is installed in the common area outside of each sleeping areas.
- Information was provided by the owner on alarm testing and maintenance to at least one adult occupant of the dwelling unit. The owner will keep a signed copy of this form acknowledging receipt by the tenant.
- The owner will provide an alarm designed to alert hearing-impaired residents in an individual who is hearing-impaired occupies the dwelling unit and has requested the installation of the alarm by certified mail
- The tenant agrees to test and maintain the carbon monoxide alarm according to management guidelines.
- The tenant must replace the batteries in the alarm as needed, and notify management by certified mail immediately of any malfunctions or other problems with the carbon monoxide alarm. Upon receipt of such notice, the owner must repair or replace the alarm.***
- The tenant may not remove or disconnect the alarm and may not remove the batteries or otherwise render the alarm inoperable.
- Exempt: The dwelling is exempt from this law because it meets all of the following criteria:
 No Fuel Burning Equipment No attached garage No wood burning fireplace/pellet stove

OWNER SIGNATURE _____ Date _____

TENANT SIGNATURE _____ Date _____

Please return completed form to:

Rental Registration
111 W. Chesapeake Ave, Room 213
Towson MD 21204
410-887-6060

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EVERY CHANGE OF TENANT