Smoke Detector Violations

Date: _____

Property Name and Number: _____

Management Company: _____

Property Supervisor: _____

In accordance with OHFA Program Compliance guidelines, we are notifying you of **Smoke Detector Violations** at your property.

Below you will find a list of **Smoke Detector Violations** found on your Property at the time of the site review. These findings require immediate attention by the Owner or Management. **OHFA requires that management submit repair verification, signed and dated work orders, to our office by the end of the working day of the site visit or no later than 11:59 PM on the day of the issuance of the smoke detector violation notice.**

Failure to submit evidence of corrective action will result in the issuance of an uncorrected IRS Form 8823. Fax the required information to (614) 995-0295 or email to the lead inspector.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date of property inspection: _____

Date due: _____ 11:59 p.m.

Lead Inspector: _____

Telephone Number: _____

Email: _____

Owner's Agent: _____ Page ___ of ___