OFFICIAL NOTICE: SMOKE AND CARBON MONOXIDE ALARM TESTING

Date: [Insert Date]

To: [Recipient Name/All Residents]

Property Address: [Insert Property Address]

Dear Resident,

Please be advised that we will be conducting a mandatory inspection and testing of the smoke and carbon monoxide alarms in your unit. This procedure is required to ensure the safety of all occupants and to comply with local fire safety regulations.

Scheduled Date: [Insert Date]

Scheduled Time Window: [Insert Time, e.g., 10:00 AM to 2:00 PM]

During this visit, authorized personnel will:

- Test the audible signal of each alarm.
- Replace batteries where necessary.
- Check the expiration dates on all devices.
- Replace any malfunctioning or expired units.

You do not need to be present during the inspection if you provide permission for entry. If you have pets, please ensure they are secured in a safe location during the scheduled time.

Failure to allow access for this safety inspection may result in a violation of your lease agreement or local safety ordinances.

If you have any questions or need to reschedule due to an emergency, please contact [Management Name] at [Phone Number] or [Email Address].

Thank you for your cooperation in keeping our building safe.

Sincerely,

[Your Name/Property Management Name]
[Contact Information]