

**Date:** [Insert Date]

**To:** All Residents and Tenants of [Building Name/Address]

**Subject:** IMPORTANT: Scheduled Fire Alarm Inspection

Dear Residents and Tenants,

Please be advised that the annual fire alarm system inspection for [Building Name] is scheduled to take place on the following date(s) and time(s):

- **Date(s):** [Insert Date, e.g., Monday, October 25th]
- **Time:** [Insert Start Time] to [Insert End Time]

**What to expect during the inspection:**

- The fire alarm bells and sirens will be activated intermittently throughout the building.
- Testing of strobe lights and voice communication systems.
- Technicians [will/will not] require access to individual units to test smoke detectors and speakers.
- If unit access is required, a building representative will accompany the technician.

**Action Required:**

Please ensure that any pets are secured and that any noise-sensitive activities are rescheduled during this window. You do NOT need to evacuate the building when the alarms sound during these specific inspection hours unless otherwise instructed by staff or emergency personnel.

We apologize for any inconvenience this necessary safety testing may cause. These inspections are mandatory to ensure the building remains compliant with fire safety codes and to ensure the safety of all occupants.

If you have any questions or concerns, please contact the Management Office at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name/Property Manager Name]  
[Building Management Company]  
[Contact Information]