

[Date]

[Building Name/Property Address]

[City, State, Zip Code]

RE: NOTICE OF ANNUAL FIRE ALARM SYSTEM TESTING

Dear Residents and Tenants,

Please be advised that the annual inspection and testing of the fire alarm system is scheduled to take place on the following dates and times:

- **Date(s):** [Insert Date(s)]
- **Time:** [Insert Start Time] to [Insert End Time]

During this period, the fire alarm bells and sirens will be activated intermittently. You do not need to evacuate the building when the alarms sound during these scheduled hours unless an actual emergency occurs or you are instructed otherwise by onsite staff.

Access Requirements:

[Optional: Technicians may require access to individual units to test smoke detectors and speakers. Please ensure that a representative is present or that any pets are secured during the inspection window.]

We apologize for any inconvenience this noise may cause. This mandatory testing is essential to ensure the safety of all occupants and to comply with local fire codes.

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

Thank you for your cooperation.

Sincerely,

[Your Name/Property Management Name]

[Contact Information]