

NOTICE: FIRE ALARM SYSTEM TESTING

Date: [Insert Date]

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

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

- **Date:** [Insert Day and Date]
- **Time:** [Insert Start Time] to [Insert End Time]

During this period, the alarm bells and sirens will be activated intermittently. You may also see strobe lights flashing throughout the building.

Important Instructions:

- Please disregard the alarms during the scheduled testing hours unless otherwise instructed by building staff.
- Technicians [may/will] require access to individual units to test smoke detectors.
- If you have pets that are sensitive to loud noises, please take the necessary precautions.

We apologize for any inconvenience this may cause. These tests are mandatory to ensure the safety of all occupants and to comply with local fire codes.

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

Sincerely,

[Your Name/Company Name]
Building Management