



**Report of State Fire Marshal Inspection  
Smoke Detector Compliance Form**

Department of Homeland Security  
302 W. Washington Street Rm. E208  
Indianapolis, IN 46204  
Telephone: (317)232-3980  
Fax: (317)234-0736

*“Leadership for a Safe and Secure Indiana”*

Property Address: \_\_\_\_\_

**LANDLORD:**

Owner: \_\_\_\_\_

Managing Agent: \_\_\_\_\_  
(If applicable)

TENANT(S): \_\_\_\_\_

**I attest that I have a working Smoke Detector or Detectors (if there are multiple floors).**

Tenant(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Printed*

\_\_\_\_\_ Date: \_\_\_\_\_

Tenant(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

\_\_\_\_\_ Date: \_\_\_\_\_

**The following laws apply to this notice and are available at the Internet websites listed below:**

**IC 22-11-18-3.5**

<http://www.in.gov/legislative/ic/code/title22/ar11/ch18.html>

**IC 32-31-7-5**

<http://www.in.gov/legislative/ic/code/title32/ar31/ch7.html>