

[Association Name]

Re: Fireplace Inspection Certification

Please Return Completed Form By: [Insert Deadline]

Date: _____

Resident Name(s): _____

Unit Number: _____

Please complete the following certification regarding your fireplace usage and return it to management by the date indicated above.

I/We certify the following:

☐ **I/We do not use the fireplace.**

☐ **I/We use the fireplace and had the flue and firebox professionally cleaned and inspected on _____.**

No issues requiring repair or maintenance were identified during the inspection.

☐ **I/We use the fireplace and had the flue and firebox professionally cleaned and inspected. Repairs were recommended and completed on _____.**

Resident Signature(s): _____

Date Signed: _____

Should you have any questions, please contact [Management Company or Association Contact Information].