[DATE]

Fire Safety Compliance

698 Second Street, Room 109

San Francisco, CA 94107

Re: SFFD Statement of Compliance for [NAME OF BUILDING OWNER]

 BUILDING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: San Francisco Fire Marshal,

We recently received a letter requesting us to comply with a new legislation. I am writing to inform your office that we do not have a centralized fire alarm system. We only have stand-alone smoke alarms in our apartment building.

I request that you please enter this information in your database in order to avoid issuing future violations to our building for non-compliance.

For a verification appointment, please contact me at:

[OWNER’S MAILING ADDRESS & CONTACT PHONE NUMBER]

Sincerely,

[OWNER’S SIGNATURE]