

Occupancy Address: _____

Please correct the checked violation(s) that were found on _____. Please return this card within fifteen (15) days of the date indicated above. Thank you for assistance and support in aiding to promote the health and safety of our community.

- 1. Two remote means of escape, free from obstruction(s), from each level where occupants are to reside.
- 2. Stairs, hallways, and passages to exit are adequately lit and free of obstructions.
- 3. Evidence of loose and/or exposed wiring; extension cord misuse.
- 4. Evidence of plumbing and/or heating concerns.
- 5. Flammable and combustible materials are properly stored.
- 6. Smoke Detectors and Fire Extinguisher(s) are in good working order.

Code Official's Comments: _____
