**Cooperative Name**

**Sprinkler Acknowledgement Form**

**Pursuant to the New York State Sprinkler Law, a new law that as of December 3, 2014 requires an Acknowledgement Form signed by all lessees, we are asking that all residents please fill out the form below, sign and return to the Superintendent for pick up by Management.**

**Please note that this form applies to both Shareholders and non-Shareholders that are residing in the building.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit #: \_\_\_\_\_\_\_\_\_\_\_**

**□ I DO have a sprinkler system in my apartment**

**□ I DO NOT have a sprinkler system in my apartment**

**If you marked that you do have a sprinkler system above, please fill out the below information:**

**Date of Last Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed**

**Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Condominium Name**

**Sprinkler Acknowledgement Form**

**Pursuant to the New York State Sprinkler Law, a new law that as of December 3, 2014 requires an Acknowledgement Form signed by all lessees, we are asking that all residents that are currently subletting their units to please fill out the form below, sign and return to the Superintendent for pick up by Management.**

**Please note that this form applies to all sublets within the Condominium.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit #: \_\_\_\_\_\_\_\_\_\_\_**

**□ I DO have a sprinkler system in my apartment**

**□ I DO NOT have a sprinkler system in my apartment**

**If you marked that you do have a sprinkler system above, please fill out the below information:**

**Date of Last Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed**

**Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**