



Lafayette Fire Department
443 North 4th Street
Lafayette, Indiana 47901

INSPECTION COMPLIANCE AFFIDAVIT

THIS CERTIFICATE MUST BE RETURNED NO LATER THAN 30 DAYS AFTER INSPECTION

Date of Inspection: _____ Inspection/Activity Number: _____

Business Name: _____ Phone: _____

Business Address: _____

The violation(s) cited on _____ have been corrected as of: (date) _____

I hereby affirm under penalties of perjury that the foregoing representations are true:

Signature: _____ Date Signed: _____

Signature is required if returning by fax or post.

Print Name: _____

If violation(s) **CANNOT** be corrected before the 30 days compliance period expires, you must contact the Lafayette Fire Department Fire Prevention Bureau at 765-807-1600 between 8:00 AM – 4:30 PM, Monday through Friday to make notification.

Provide your Email address for confirmation report

Email completed form to:
LFD-FirePrevention@lafayette.in.gov (Preferred)

-OR-

Fax completed form to: (765) 807-1601

-OR-

Mail completed form to:
Lafayette Fire Department
443 North 4th Street
Lafayette, In 47901