

Certificate of Compliance Transfer Agreement



I/We, the buyer of the residence located at,

Street: _____

City, State, Zip: _____

Have **not** received a true copy of the compliance order or notice of violations issued by Metro West Fire Protection District. I/We hereby fully accept responsibility without condition for applying for and scheduling a compliance inspection, making any corrections or repairs required by such compliance order or notice of violation within 30 days of closing on the above property. I/We agree to contact the Division of Community Risk Reduction to schedule and pay fees related to the inspection of the above residence.

Seller(s) Printed: _____

Seller's Agent: _____ Seller's Agent Phone: (____) - ____ - ____

Buyer's Agent: _____ Buyer's Agent Phone: (____) - ____ - ____

Buyer(s) Printed: _____

Buyer's Phone: (____) - ____ - ____ Buyer's Email: _____

Buyer's Email: _____

Buyer's Signature: _____

Buyer's Signature: _____

Buyer's signatures must be notarized

If you have any questions, please contact the Division of Community Risk Reduction at 636-458-2100 extension 3. Please fax completed form including notarized buyer's signature to 636-821-5980. FEE: Single Family \$100.00 Multi-Family \$35.00