

THE SUN RIDGE OWNERS' ASSOCIATION, INC.

CERTIFICATION OF CHIMNEY AND FIREPLACE CLEANING AND INSPECTION

Name of Unit Owner(s): _____

Address of Unit: _____

Date of Cleaning and Inspection: _____

*Attach receipt(s) of cleaning and maintenance work completed

Signature: _____

Date: _____

_____ There is **NO** chimney or fireplace in my Unit and therefore, this certification is not applicable.

Signature: _____

Date: _____

_____ I attest that the chimney/fireplace in my unit has not been used at any time since the most recent certification of chimney/fireplace cleaning and maintenance has been properly submitted in regard to my unit.

Signature: _____

Date: _____