



TOWN OF WESTBOROUGH

FIRE – RESCUE – EMERGENCY MEDICAL SERVICES

42 MILK STREET • WESTBOROUGH, MA 01581 • (508) 389-2300 • FAX: (508) 389-2399

PATRICK PURCELL, FIRE CHIEF

Letter of Assurance for Fire Protection Installations/Modifications

Contractor: _____ Company Name: _____

Contractor Address: _____

Contractor Phone Number _____ email _____

Address of work performed: _____

Name of project or tenant: _____

The following fire protection work: (check all applicable)

☐ Fire Alarm System ☐ Sprinkler System ☐ Fixed Suppression System

has been installed and completed per all applicable Massachusetts codes, rules, laws, regulations, plans, manufacturer's installation instructions including but not limited to 780 CMR, 527 CMR, and MGL c. 148.

The testing and inspection has been completed of this/these system(s), alarm devices send signals to the fire alarm control panel, and subsequent, appropriate transmittal to the central station company and/or master box. Finally, a test/inspection was completed per the above and the system(s) are in a fully operational and compliant condition on (date) _____.

Original signature _____ Date _____