

**New York City Department of Health  
Office of Field Operations/Inspection  
Window Falls Prevention Program  
125 Worth Street CN59A  
New York New York 10013**

**CERTIFICATION OF CORRECTION  
OF WINDOW GUARD VIOLATIONS**

STATE OF NEW YORK)

: ss.:

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_ (Landlord/Managing agent), \_\_\_\_\_ (Title) being duly sworn/affirmed, depose and say that on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time), I or my representative visited \_\_\_\_\_ (Location/Address) and that all window guard repairs and installations were made in accordance with the rules of the Department of Health, on the date(s) indicated:

Apartment	Date	Apartment	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X \_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Print Name

Sworn/affirmed to me this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_

X \_\_\_\_\_  
Notary Public

False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.35 of the Penal Law.

FOR OFFICE USE ONLY
Field Verification Date:
Results: