



**TITLE OF DOCUMENT: AFFIDAVIT – Not a bedroom/sleeping room**

Name of individual preparing document: \_\_\_\_\_

Address of individual preparing document: \_\_\_\_\_

Telephone number of individual preparing document: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY:

EXPLANATION/PURPOSE OF RECORDING: To all present and future owners, you are hereby notified that the above referenced property has a room or rooms that does not meet certain building code requirements, as prescribed by code, to be used as a bedroom or sleeping room. This/these room(s) is/are located as follows:

It is agreed by all current and future owners of this property that any room in this property that does not meet necessary code requirements of a bedroom/sleeping room shall not use the room for bedroom/sleeping purposes. However, in the event the room is modified to meet all current building life-safety codes, then and only then, shall the room be used as a bedroom/sleeping room.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**STATE OF IOWA, COUNTY OF POLK, ss:**

This record was acknowledged before me on \_\_\_\_\_  
(date) by \_\_\_\_\_  
(name(s) of individual(s))

**This document shall be recorded with the Polk County Recorder.**

\*Recording fees will apply.

\_\_\_\_\_  
Notary Public in and for the State of Iowa  
**STAMP**

**RETURN RECORDED COPY TO:**  
Ankeny Code Enforcement Division  
220 W 1<sup>st</sup> St., Ankeny, IA 50023