

City of Alice Fire Department
SMOKE ALARM REQUEST FORM

Request information:

Date of Request: _____

Name: _____

Address: _____ **Phone Number:** _____

How many sleeping areas are in the home? _____

How many smoke alarms are currently in the home? _____

What age groups live in the home? Oldest _____ **Youngest** _____

Does someone with a disability live in the home? _____

Is this home rented or do you own it? _____

What is the income level of your household?

- Above 30,000** **Between 20,000 and 30,000**
 Between 10,000 and 20,000 **Below 10,000**

How did you hear about this program? _____

Office Use Only:

Request received by: _____ **Date:** _____

Shift Working the date of request: _____

Installed by: _____ **Date:** _____

Number of Alarms installed: _____

The Alice Fire Department does not give away smoke alarms. We will install or replace smoke alarms but all installs will be done by the Fire Department. A request form must be filled out and a release of liability form must also be signed prior to any install.

Approved By: _____ Date: _____

Application # _____