



**Application for Smoke Alarm**

**Owner/Occupied**

**Application Date** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Number of alarms needed** \_\_\_\_\_  
**Completed Liability Form:**        **Yes** \_\_\_\_\_        **No** \_\_\_\_\_

**Rental Property**

**Application Date** \_\_\_\_\_  
**Rental Property Address** \_\_\_\_\_  
**Name of Property Owner** \_\_\_\_\_  
**Owner Address** \_\_\_\_\_  
**Owner Phone #** \_\_\_\_\_  
**Number of Living Units** \_\_\_\_\_  
**Number of Sleeping Units** \_\_\_\_\_  
**Number of alarms needed** \_\_\_\_\_  
**Completed Liability Form:**        **Yes** \_\_\_\_\_        **No** \_\_\_\_\_

**Building Owner Signature** \_\_\_\_\_  
**Fire Officer Signature** \_\_\_\_\_

