

PROJECT: GET ALARMED!

Smoke Detector Request Form

You must reside in the City of Gainesville or Alachua County and fill out the smoke detector request form completely to be considered for program participation.

NAME: _____ PHONE: _____
Last First Middle Initial Home Work

ADDRESS: _____
Street Apt. No.

_____ City State Zip

I live in the jurisdiction of the (check one) _____ City of Gainesville _____ Alachua County

1. Have you had any serious fires in your current or previous homes? _____ YES _____ NO

2. Do you have smoke detectors?

- (a) IF YES, how many? _____
 (b) Are they currently working?
 _____ Yes _____ No
 (c) If they are not, why? Check below
 _____ Took out the batteries
 _____ Unit does not work
 _____ Other (please describe)

- (a) IF NO, why not?
 _____ Can't afford one
 _____ Didn't think of it
 _____ No time to get one
 _____ Cannot install it
 _____ Other (please describe)

3. How many young children live in your home? _____ How many elderly? _____

4. I live in a (check one) _____ one story _____ two story _____ mobile home _____ duplex

5. What is the approximate square footage? _____

If I meet the set forth requirements, I will be contacted by the Gainesville Fire Rescue Department or the Alachua County Fire Rescue Department to schedule installation within 30 days. I understand this request for a smoke detector does not guarantee that assistance will be granted, but will be used in determining eligibility for the program.

Requestor's signature _____ Date _____

You can turn this request form in to any fire station, to the agency that provided you with this form or mail to PROJECT: GET ALARMED! Attn: Risk Reduction Specialist, Gainesville Fire Rescue, 1025 NE 13th Street, Gainesville, FL 32601-4673.

TO BE COMPLETED BY PERSONNEL INSTALLING DETECTORS:		
Date _____	Number of Detectors Installed _____	Company Officer _____