



CITY OF ABILENE

Abilene Fire Department

APPLICATION FOR SMOKE DETECTOR



1. Name: _____ Phone: _____
Address: _____
2. Do you own or rent your home? Own Rent *Landlords are required by law to furnish smoke detectors in rental property.*
3. Does your home have more than one story?
4. Are bedrooms split on a single level?
5. How many bedrooms do you have?
6. Does any family member have a physical disability or mobility impairment, which would prevent escape from a fire?
If yes, state nature of impairment.
7. Do you have children under 14 years of age living in your home?

Signature of Applicant (sign when installed)

Agency Representing Applicant

After completing this form bring or mail it to address below, or fax to 325-676-6673.

Abilene Fire Department
Public Education
250 Grape Street
Abilene, Texas 79601

If you have any questions regarding this application, feel free to call the Public Education Office at 676-6682. After reviewing your application, a fire department representative will contact you.

FOR FIRE ADMINISTRATION OFFICE USE

Sent application and detectors to station _____ on ____/____/____ _____ BRK Alarms _____ Vocal Alarms

Approved: _____

Date Detector Installed: _____

Disapproved: _____

Installed by: _____

Time spent installing: 15 Min. 30 Min. 45 Min. 1 Hr. 1½ Hr. 2 Hr.

Notes: _____