



Victor G. Carstarphen
Mayor

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Jesse M. Flax
Fire Chief

SMOKE DETECTOR INSTALLATION FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

BEST TIME FOR INSTALLATION: _____

NUMBER OF ADULTS IN HOUSEHOLD: _____

NUMBER OF CHILDREN IN HOUSEHOLD: _____

*****NOTE: Units must be owner occupied. If the property is a rental, the property owner must approve the smoke detector installation prior to installation.***

For office use only:

NUMBER OF INSTALLATIONS: _____

DATE OF INSTALLATION: _____