



# HarrisburgNC

FIRE DEPARTMENT



## SMOKE DETECTOR APPLICATION

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

(must reside in Harrisburg) (Street number, street name, apartment/suite number, city, state, ZIP code)

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How many bedrooms are in the home?**

\_\_\_\_\_

**How many floors are in the home?**

\_\_\_\_\_

**What year was your home built?**

(must be 1999 or before)

\_\_\_\_\_

**How many smoke detectors are currently in the home?** \_\_\_\_\_

**Any comments or concerns that Harrisburg Fire Department should know?**

\_\_\_\_\_  
\_\_\_\_\_

## Below For Administration Use Only

**Installed by:** \_\_\_\_\_

**How many new smoke detectors installed?:** \_\_\_\_\_

**Date/Time Installed:** \_\_\_\_\_