Smoke Detector Application

Are there children in the home?   Yes ☐   No ☐

Applicant Information

Full Name: _____   Date:_____

Last   *First*   *M.I.*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____   Email_____

To help us estimate the number of smoke alarms
your home will need please tell us:

What type of home you live in?   House ☐   Mobile Home ☐   Do you own or rent?   Own ☐   Rent ☐

How many floors do you have in your home?   _____

Is there a working telephone in your home?   YES ☐   NO ☐

# of people in the home and indicate
ages of residents: _____

To be completed by installer. Please do not write below this line.

of Prexisting
alarms/# of
alarms replaced:_____   Installers name:_____

# of non
working
alarms: _____   # of non working alarms
                                            corrected by battery
                                            installation:_____

Action Taken:
# of program alarms
installed/location of
alarms: _____

Is there a working smoke
alarm on every level of the
home?   YES ☐   NO ☐   Comments:_____

Is there a working smoke
alarm outside every sleeping
area?   YES ☐   NO ☐   Comments:_____

Please return to OSFM, mende.barnett@ksfm.ks.gov or Fax #785-296-0151