

Smoke Alarm Installation Application

New York State Fire Prevention and Safety Program



Date: _____

Name of Applicant: _____

Address: _____

Apartment #: _____

City: _____ State: _____ ZIP: _____

Telephone Number: (_____) _____

Do you own or rent this property? (check one)

1. Total number of people living at this address: _____

• Number of children aged 14 and younger living at this address: _____

• Number of adults aged 65 and older living at this address: _____

2. Is anyone living in this household hearing impaired? Yes No

• If yes, check here if you request smoke alarms designed for the hearing impaired.

Applications should be returned to the Rockland County Fire Training Center at 35 Firemen's Memorial Drive, Pomona, New York 10970 or via Fax 845-364-8961 - Attention 2010 / 2011 Smoke Detector Campaign.

Any questions please call the Fire Training Center at 845-364-8800