



CLIO FIRE DEPARTMENT REQUEST FOR SMOKE & CO ALARMS

This request will be processed, and you will be contacted to schedule installation.

Name _____

Address _____

Contact Telephone Number _____

Email _____

Date of Request _____

Number of Existing Alarms _____ Number of Working Alarms _____

Number of Occupants Living in the Dwelling and Ages _____

Do any of the Occupants Smoke? _____ Are any of the Occupants Disabled? _____

Number of Smoke Alarms needed _____ and where being installed _____

Number of Floors including basement _____

Does the home have visible address numbers? _____

Does the family have an escape plan? _____

Do escape windows open easily? _____

Are escape routes accessible at all times? _____

Do family members sleep with their doors closed? _____

Stove/Range is clear of combustibles? _____

Heating appliances clear of combustibles? (3 feet around) _____

Clothes dryer clear of lint? _____