

Charter Township of Washington Smoke Alarm Installation Application



Date of Request: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Age of Home Owners: Male: _____ Female: _____ Number of Children in Home: _____

Any Existing Smoke Alarm? Yes: _____ No: _____ If Yes, How Many? _____

Number of Stories in Your Home: _____ Basement? Yes: _____ No: _____

Any Residents Hearing Impaired? Yes: _____ No: _____

Your name and telephone number if you are completing this request for someone else:

Name: _____

Phone: _____

This form may be returned by clicking the "Submit Form" button, or printed and mailed to:

Washington Township Fire Department
Attn: Smoke Alarm Install
11300 27 Mile Road
Washington Twp, MI
48094