

# Charter Township of Washington Smoke Alarm Installation Application

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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: \_\_\_\_\_

Please return this form by mailing or dropping off to the address below;

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