



Miramichi Fire Department

Smoke Alarm Application

Date of Application: _____

To participate in this program, you must

- ✓ Answer all questions of this form
- ✓ Be a City of Miramichi resident
- ✓ NOT live in an institutional facility e.g. dorm, nursing home etc.

Applicant

Last Name: _____ First Name: _____

Street/Mailing Address _____ City: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____ Email address _____

Contact Person

Please provide a contact person if you need assistance with scheduling the smoke alarm installation.

Last Name: _____ First Name: _____

Street/Mailing Address _____ City: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____ Email address _____

Relationship to Applicant _____

PLEASE COMPLETE INFORMATION ON THE NEXT PAGE



Miramichi Fire Department

Residence

Check the answer to the following questions. Your answers will help us know how many smoke alarms you may need.

1. Type of residence:

- One family
- Multi-family
- Apartment
- Mobile home

2. Is this your permanent residence?

- Yes
- No

3. Number of levels (stories) in the home:

- One
- Two
- Three or more

4. How many people live in the household?

5. Number of smoke alarms currently in the home:

- Zero
- One
- Two
- Three or more

6. Is there at least one smoke alarm on every level of the home?

- Yes
- No

7. If no, which level(s) does not have a smoke alarm?

8. Is there at least one smoke alarm near all sleeping areas?

- Yes
- No

After your smoke alarm is approved, you will be contacted to arrange a time for installation. What is the best way to contact you?

- Phone—List the phone number where we can call you Monday-Friday 8:00 am - 4:00 pm
- Phone: _____
- Email—Email address: _____
- Contact Person as listed above

e-Mail, Mail or fax this completed application:

email: fireprevention@miramichi.org

Miramichi Fire Department, Smoke Alarm Application

94-6 General Manson Way, Miramichi, NB E1N 6K8

Fax: 506-623-2226 Any questions, please call 506-623-2225