



Miramichi Fire Department

Special 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 with a hearing, visual, or mobility impairment
- ✓ 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



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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

Disability - Check the PRIMARY and SECONDARY disability for which you need the alarm. If you do not have a secondary disability, continue with the next question.

1. PRIMARY:

- Hearing impaired
- Hard of Hearing
- Blind
- Visually Impaired
- Mobility Impaired

2. SECONDARY:

- Hearing impaired
- Hard of Hearing
- Blind
- Visually Impaired
- Mobility Impaired

3. If you selected deaf or hard of hearing, do you have a seizure disorder that might be triggered by a strobe light?

- Yes
- No

4. If you selected deaf or hard of hearing as your primary or secondary disability, what is your situation regarding an interpreter when an installer comes to your home?

- I do not need an interpreter
- I have someone who can interpret for me



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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