



EWING TOWNSHIP FIRE DEPARTMENT

Smoke Alarm Request Form

Fill out this form to request installation of smoke alarms.

To qualify, you must live in Ewing Township and be a homeowner. Rental units do not qualify.

NAME

FIRST: _____ LAST: _____

ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT INFORMATION

PHONE NUMBER: _____ EMAIL: _____

PLEASE ANSWER THE FOLLOWING:

Applicant is (check all that apply):

- Ewing Resident
- Homeowner

Type of dwelling:

- House
- Apartment
- Condo

Number of levels in your home (including basement): _____

Are any smoke alarms installed in your home now?

- Yes How Many? _____
- No

Preferred time for installation:

- Morning
- Afternoon
- Evening

Are there people living in your residence who are older than 60 or under 7 years of age?

- Yes
- No

Comments/Concerns (if any): _____

