



## EWING TOWNSHIP FIRE DEPARTMENT

# Home Safety Check Request Form

Fill out this form to request a home safety check and to go over your home escape plan.

### 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

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 safety check:

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_