**PROJECT: GET ALARMED!**

Smoke Detector Request Form

You must reside in the City of Gainesville or Alachua County and fill out the smoke detector request form completely to be considered for program participation.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  | Phone |  |  |  |  |
|  |  | Last | First | Middle |  |  |  | Home |  | Work |
| Address |  |  | | |  |  |  |  |  |  |
|  |  | Street |  |  |  | Apt No. |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |
|  |  | City |  |  |  | State |  | Zip |  |  |
| I live in the jurisdiction of the (check one): | | | | |  |  |  |  |  |  |
|  | | | | |  | City |  | County |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you had any serious fires in your current or previous homes? | | | | | | | |  | | |  | | | |  |  | | | | |
| 2. Do you have smoke detectors? | | | | | |  | |  | | |  | | | |  | | | | | |
| Yes | | | |  | |  | |  | |  |  | | No | | |  | | | | |
| a. | If Yes, how many: | | |  | |  | |  | | |  | | a. If no, why not: | | | | | | | |
| b. | Are they currently working: | | |  | |  | |  | | |  | | b. Can’t afford one | | | | |  | | |
| c. | If they are not, why: check below: | | |  | |  | |  | | |  | | c. Didn’t think of it | | | | |  | | |
|  | Took out the batteries | | |  | |  | |  | | |  | | d. No time to get one | | | | |  | | |
| d. | Unit does not work | | |  | |  | |  | | |  | | e. Cannot install it | | | | |  | | |
| e. | Other (please describe) | | |  | |  | |  | | |  | | f. Other (please describe) | | | | |  | | |
|  |  | | | | |  | |  | | |  | | | |  | | |  | | |
| 3. How many young children live in your home? | | | | | |  | |  | | | | | How many elderly? | | | | |  | | |
| 4. I live in: | | One story: |  | | Two story |  | | Mobile home: | | |  | | | | Duplex: | |  |  |  |
| 5. What is the approximate square footage? | | | | | | | | |  | | |  | | |  | | |  | | |
| If I meet the set forth requirements, I will be contacted by the Gainesville Fire Rescue Department or the Alachua County Fire Rescue Department to schedule installation within 30 days. I understand this request for a smoke detector does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. | | | | | | | | | | | | | | | | | | | | |
| Requestor’s signature | | | |  | | |  |  | | | | | |  | Date |  | | | | |

You can turn this request form in to any fire station or mail to PROJECT: GET ALARMED! Attn: Fire and Life Safety Education Specialist, Gainesville Fire Rescue, P.O. Box 490 MS 65, GAINESVILLE FL 32627-0490.