

CITY OF AUBURN HILLS
SMOKE DETECTOR INSTALLATION APPLICATION

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Age of Home Owners: Male: ____ Female: ____ Number of children: ____

Any Existing Smoke Detectors? Yes No If yes, how many? ____

Number of stories in your home: ____ Basement? Yes No

Are any residents hearing impaired? Yes No How many? ____

(We can provide smoke detectors designed to awaken hearing impaired individuals)

Your name and telephone number if you are completing this request for someone else:

Name: _____

Phone: _____

This form may be returned by clicking the "Submit Form" button (you may still have to send the e-mail that this generates from your outbox), or printed and mailed to:

Auburn Hills Fire Department
Attn: Smoke Detector Install
1827 N. Squirrel Rd.
Auburn Hills, Mi. 48326