



OZARK FIRE PROTECTION DISTRICT



SMOKE ALARM APPLICATION

Name: _____

Address: _____

Phone Number: _____

Comments: _____

----- *Fire District Use Only* -----

Date of Request: _____

Date Installed: _____

Number of Smoke Alarms Installed: _____

Smoke alarm checked

Batteries checked

Installed by: _____

Entered into Firehouse: _____

Enter as **ACTIVITY** (initials)
SMOKE: Installed/CheckedSmoke Alarm

Assigned to (Station/Shift): _____

***Smoke alarms are free to residents inside the
Ozark Fire Protection District living in single family dwellings.***