

Request for Smoke Alarm Installation

This request will be processed, and you will be contacted for further information and to schedule an installation time.



First Name: _____

Last Name: _____

Email address: _____

Daytime Phone Number: _____

Location Information: _____

Resident First Name: _____ Resident Last Name: _____

Physical Address*: _____

**Must be located in the City of Darlington Fire District*

Residence Type

- Owner
- Renter
- Other

Number of bedrooms: _____

Type of Alarm

- Smoke Alarm
- Carbon Monoxide Alarm
- Hearing-Impaired Alarm
- Other

Preferred Date: _____

Preferred Time: _____

Comments

Please include any special instructions or other comments here: _____

OFFICE USE ONLY

Date Request received: _____

Responded: _____