

Smoke Detector Application

Name: _____

Address: _____

Home phone number: _____ Work: _____

Check & complete the following information:

- Do you own your own home? _____
- Do you rent your home? _____
- Year Purchased? _____
- Years lived at this address? _____

Complete the following information:

- Approximate square footage? _____
- Number of stories or levels? _____
- Does your home have a basement? _____
- Are all bedrooms in close proximity to each other? ___ _____
- Number of children under the age of 18 living in the home? ___ _____

Return this application in person or by mail to:

Bartlesville Fire Department
Attn: Chief Hasbrook
401 S. Johnstone
Bartlesville, OK 74003

Office hours are from 8:00 am to 5:00 pm, Monday through Friday

This smoke detector program is being sponsored by the City of Bartlesville Fire Dept. in cooperation with the Bartlesville Professional Fire Fighters Association, IAFF Local 200.

For Office Use Only

Application received by _____ Date _____

Detector installed by _____

Date installed _____