LITTLE MOUNTAIN FIRE DEPARTMENT
Physical Address: 219 North Boundary Street
Mailing Address: PO Box 226
Little Mountain, SC 29075
www.littlemountainfirerescue.org

WE ARE A FIRE SAFE South Carolina COMMUNITY

SMOKE ALARM REQUEST FORM

Applicant

Name: First _____ Last_____

Email: _____ Phone: _____

Date of Birth: _____ Age: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Best Day/Time to Come Install: _____

Tell us about your Home: **check all that apply**

Number of Bedrooms:
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more bedrooms

Stories or Levels:
- ☐ 1
- ☐ 2
- ☐ 3 or more

Structure Type:
- ☐ Single Family Dwelling
- ☐ Mobile Home
- ☐ Apartment
- ☐ Other

Ownership:
- ☐ Rental
- ☐ Owner

Does your home have a Basement: ☐ Yes ☐ No

Does your home have a Garage: ☐ Attached ☐ Detached ☐ No

Who is in your home: **check all that apply**

☐Under 5 years Old ☐ Age 65 or older ☐ Have a disability

Number of occupants in the home: _____

Do you currently have any smoke alarms in your home: ☐ Yes ☐ No

Number of smoke alarms in your home: _____ Approximate age of the alarms: _____

Do you grant permission for a member(s) of Little Mountain Fire to enter your home?

☐ Yes ☐ No

Signature: _____ Date: _____

***Right to Fair Treatment**: The South Carolina Office of State Fire Marshal will not discriminate against any individual because of color, race, sex, age, national origin, religion, marital status, political beliefs, or disability.*

Internal FD Use Only:

Date of Install: _____ # of Alarms Installed: _____ Submitted to Red Cross: ☐ Yes ☐ No