

# Wellston Fire Department

## Smoke Alarm Request Form

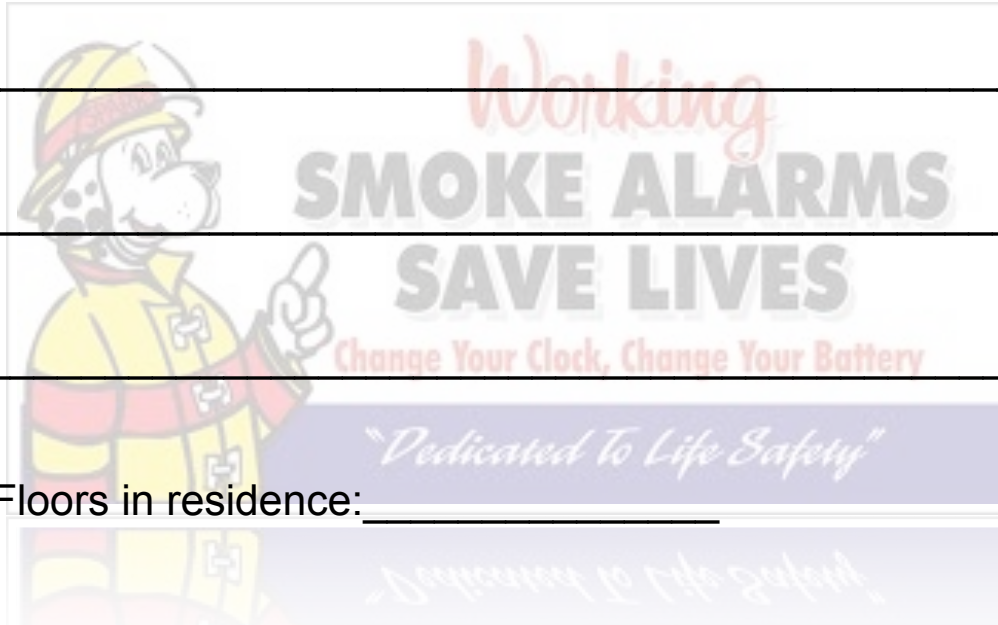


Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Floors in residence: \_\_\_\_\_



Please select three dates and times that you will be home for us to come install your smoke alarm.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you have any questions regarding Project S.A.F.E and smoke detector installation please contact the Wellston Fire Department at (740)384-2128.