



**CENTRAL MAT-SU FIRE DEPARTMENT**  
**SMOKE ALARM MAINTENANCE**  
**SMOKE ALARM INSTALLATION**  
**REQUEST FORM**



**NAME:**

**EMAIL:**

**HOME ADDRESS:**

**HOME PHONE:**

**CELL PHONE:**

**OTHER:**

**DIRECTIONS TO THE HOME:**

<b>ARE THERE ADULTS OVER THE AGE OF 65 IN THE HOME?</b>	<b>YES</b>	<b>NO</b>
<b>ARE THERE CHILDREN UNDER THE AGE OF 14 IN THE HOME?</b>	<b>YES</b>	<b>NO</b>
<b>ARE THERE CHILDREN UNDER THE AGE OF 5 IN THE HOME</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU OWN OR RENT?</b>	<b>OWN</b>	<b>RENT</b>
<b>DO YOU HAVE WORKING SMOKE ALARMS IN YOUR HOME?</b>	<b>YES</b>	<b>NO</b>
<b>DO YOU HAVE A HOME FIRE ESCAPE PLAN?</b>	<b>YES</b>	<b>NO</b>
<b>WHAT TYPE OF SMOKE ALARM SERVICE DO YOU NEED?</b>	<b>MAINTENANCE</b>	<b>INSTALL</b>

**PREFERRED DATE:**

**PREFERRED TIME:**

**USE THE SPACE BELOW FOR ANY INFORMATION THAT CAN AID US IN FULFILLING THIS REQUEST**

**\*NOTE\* EMERGENCY RESPONSES TAKE PRIORITY OVER HOME VISITS. IN THE EVENT THAT EMERGENCY RESPONSE IS REQUIRED. WE WILL RESCHEDULE THE VISIT AS SOON AS POSSIBLE.**

By signing this form, I understand that I am allowing personnel from the Central Mat-Su Fire Department to enter the property where I reside to assist with smoke alarm maintenance and/or to install smoke alarms for free and without liability.

**Please email the completed form to [firecode@matsugov.us](mailto:firecode@matsugov.us)**