

FAIRFIELD FIRE DEPARTMENT

SMOKE DETECTOR PROJECT

Name: _____

Phone: _____ Day or Night? _____

Email: _____

Address of Residence: _____

Do you own or rent your home? _____

If you rent provide landlord's name and number: _____

Number of floors: _____

Does the home have working smoke detectors? _____

Total number of occupants in residence? _____ Ages of occupants? _____

Any disabled adults? _____ If yes, how many and ages? _____

Hearing or visually impaired? _____ If yes, how many and ages? _____

Any disabled children? _____ If yes, how many and ages? _____

Any extended illness children or adults? _____ If yes, how many and ages? _____

Does disability limit resident from changing smoke detector battery? _____