

Fire Department Name: _____ Phone: _____

Contact: _____ Date: _____

Name: _____ Phone: _____ Fire safety material left at the home: Yes No

Address: _____ Zip: _____

Not home 1-2 Family Manufactured/Mobile Home RV Other: _____

Number of smoke alarms in the home: Number of working smoke alarms: Number of smoke alarms installed:

Name: _____ Phone: _____ Fire safety material left at the home: Yes No

Address: _____ Zip: _____

Not home 1-2 Family Manufactured/Mobile Home RV Other: _____

Number of smoke alarms in the home: Number of working smoke alarms: Number of smoke alarms installed:

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