

PROJECT: WAKE UP! Smoke Detector Request Form

You must reside in Collier County and fill out the smoke detector request form completely to be considered for program participation.

Property Owner		
NAME: _____ PHONE: _____		
_____ Last	_____ First	_____ Middle Initial
_____ Home		_____ Work
ADDRESS: _____		
_____ Street	_____ Apt. No.	
_____ City	_____ State	_____ Zip

Occupant at location of install		
NAME: _____ PHONE: _____		
_____ Last	_____ First	_____ Middle Initial
_____ Home		_____ Work
ADDRESS: _____		
_____ Street	_____ Apt. No.	
_____ City	_____ State	_____ Zip

I live in the jurisdiction of the _____ Fire District.

- Have you had any serious fires in your current home or former homes?
_____ YES _____ NO
- Do you have smoke detectors?
 - If Yes, how many? _____
 - Are they currently working?
_____ Yes _____ No
 - If they are not, why? Check which reasons apply.
_____ Took out the batteries
_____ Batteries do not work
_____ Other (please describe) _____
- If No, Why not?
_____ Can't afford one
_____ Didn't think of it
_____ No time to get one
_____ Cannot install it
Other (please describe) _____
- How many children age 5 or younger live in your home? _____
- How many occupants including children live in your home? _____
- I live in a (circle one) _____ one story _____ two story _____ mobile home _____ duplex
- What is the approximate square footage? _____

If I meet set forth eligibility requirements, I will be contacted by the Fire Control District to schedule installation within 30 days. I understand this request for a smoke detector does not guarantee that assistance will be granted, but will be used in determine eligibility for the program.

Requestor's Signature _____ Date _____

You can turn this request form or mail to the Immokalee Fire Control District; 502 East New Market Rd. Immokalee FL. 34142

Office use only	
Approved by: _____	Date installed: _____
Shift: _____	Unit: _____