



Indian River County Fire Rescue
Fire Prevention Bureau
 1801 27th Street Building A
 Vero Beach, FL 32960
 772-226-1880
fireprevention@ircgov.com

APPLICATION FOR FREE SMOKE ALARM

The program is only open to residents served by Indian River County Fire Rescue. Additionally, the program is designed to assist lower income housing residents and lower fixed income senior citizens.

Name:	Phone Home:
Address:	Phone Work:
City:	E-Mail:

Please answer the following questions

Number of children under 18 in home? _____ Number of adults between 18 & 61 in home? _____

Number of adults greater than 61 in home? _____ Total number of bedrooms in home? _____

Do you currently own _____ rent _____ this residence?

Would you like a smoke alarm installed in this residence? Yes _____ No _____

Number of floors in your residence? _____

Are the sleeping room separated on either ends of the residence? Yes _____ No _____

Is anyone disabled? _____

Does the residence currently have working smoke alarms? Yes _____ No _____

You can mail application to:

Indian River County Fire Rescue
 Fire Prevention Smoke Alarm Program
 1801 27th Street Building A
 Vero Beach, FL.32960

Fax to: (772)-226-1040

Email scanned copy to: fireprevention@ircgov.com

Drop off: Any Indian River County Fire Rescue Station.

If you have further questions concerning this program, please feel free to call the Fire Prevention Office at (772)-226-1880

A member of the Indian River County Fire Rescue will contact you about receiving and/or installing a smoke alarm upon receipt.

Neither Indian River County Fire Rescue nor its employees are responsible for improper installation and/or defective smoke alarm units. By signing this form, you agree to the conditions and participation in this program.

Print Name: _____

Signature: _____ Date: _____

Official Use Only

Date Received: _____ Station Assigned: _____ Battalion Zone: _____

Date assigned to Engine Company: _____

Engine Commander/Owner

Date Installed: _____ Number of units installed: _____

Station Installing Unit: _____ Shift: _____ Location(s) Installed: _____

Installer: _____ Signature: _____

Resident: _____ Signature: _____

Please provide resident with packaged instructions and return application form to the Fire Prevention Office.