



**COUNTY OF WARREN
DEPARTMENT OF FIRE AND RESCUE SERVICES
SMOKE ALARM/CARBON MONOXIDE ALARM PROGRAM
APPLICATION**

TYPE OF ALARM REQUESTED: (circle) Smoke, Carbon Monoxide, Both

Name of person making request: _____ Phone # () _____

Address: _____ Rent, Own, Other

Owner Information: Name: _____ Phone # () _____

Do you have any of the following living within the residence: (circle) Infants, Children, Elderly, Invalids, Deaf, Blind, Mentally Handicapped, Physically Handicapped

Number of people living in this home: _____ Annual Household Income: \$ _____

Do you currently have smoke alarms in your home: (circle) Yes, No

Do you currently have carbon monoxide alarms in your home: (circle) Yes, No

Do you currently practice fire safety in your home: (circle) Yes, No, Sometimes
Explain: _____

Type of Heat in the Home: (circle) Oil, Propane, Natural Gas, Kerosene, Wood Burning, Baseboard or Portable Heaters.

By signing below, you understand that the Warren County Department of Fire and Rescue Services will review your application and grant the proper alarms as needed and install the alarms in the proper locations in your home.

Signature: _____ Date: ___ / ___ / ___

For Department Use Only

Request Approved: YES NO If No, Why _____

Home Safety Inspection Completed: Yes, No – Survey Completed: Yes, No

Waver/Release Form Completed: Yes, No Training Completed: Yes, No

Smoke Alarm Installed: # Installed _____ Locations Installed _____

Type of Batteries Provided _____ Batteries Checked in Other Alarms: Yes No

Carbon Monoxide Alarm Installed: # Installed _____ Locations Installed _____

Six Month Inspection: Completed on ___ / ___ / ___ Batteries Replaced: Yes, No

Personnel Installed by: _____

Entered into Firehouse on ___ / ___ / ___ Occupancy I.D. Assigned: SA- _____

Return to: WCFR, 200 Skyline Vista Drive, Suite 200, Front Royal, VA 22630