

COLUMBIA COUNTY FIRE CHIEF'S ASSOCIATION, INC.

P. O. Box 94, WEST LEBANON, NY 12195

SMOKE ALARM APPLICATION

Fire Department requesting alarm: _____

Name of Chief Officer: _____

Type of alarm(s) requested (add number requested): Smoke _____ Smoke/CO _____

Address of location alarm(s) to be installed: _____

Provide a brief narrative describing need for alarm(s): _____

Date application received: ___/___/___ Received by: _____

Date application approved: ___/___/___ Approved by: _____

Date alarm(s) issued: ___/___/___ Issued by: _____

Number and type of alarms issued: Smoke _____ Smoke/CO _____

Alarm(s) received by: _____

Print Name

Signature