

Smoke Detector Campaign
For City of Clinton and Clinton Fire District Residents

Date: _____

Name: _____

Address: _____

Phone: _____

Alternate Contact Person: _____

Phone: _____

A smoke detector was installed in: _____

(Location in the home)

This detector was tested to be in working order at the time of installation. You are advised to check the batteries monthly and to change them every six (6) months when the time changes (April and October) to ensure proper working order.

By submitting this you acknowledge that you qualify for installation of this smoke detector for one of the following reasons:

- 1) There are children in the home under the age of 18,
- 2) You are over the age of 60,
- 3) You are handicapped or disabled.

HOMEOWNER: _____

INSTALLED BY: _____

DATE: _____

NUMBER OF RESIDENTS:

ADULTS: _____

CHILDREN: _____

Fax to (910)590-2923
ATTN: Gail Byars