

Smoke Alarm Request

Name												
Address												
City		Zip Code										
D. N. I												
#Household Members —		#Bedroo				□ Renter □Homeow	/ner					
Best days/times for installation:												
Monday	$\square AM$	□PM		Thursday	$\square AM$	$\Box PM$						
Tuesday	$\square AM$	□PM		Friday	$\square AM$	$\square PM$						
Wednesday	$\square AM$	□PM		Saturday	$\square AM$	$\Box PM$						

You can keep your family safe with 2 simple steps.

Step 1

Practice your 2-minute drill. Step 2

Test your smoke alarms monthly.

Please Return this Form to:

Capital Area Chapter Office

1115 Easterwood Drive Tallahassee, FL 32311

Register by Phone: (850) 878-6080 Or Online: **SoundTheAlarm.org/NorthFlorida**

Proudly serving Dixie, Franklin, Gadsden, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor and Wakulla Counties.

After the form has been received, your local Fire Department or the Red Cross will contact you to schedule a home visit.

If you have any questions, please contact the Capital Area Chapter office at 850-878-6080.

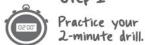


Smoke Alarm Request

Name					
Address					
City					
Phone Number					
#Household Members —		#Bedrooms		_	□ Renter □Homeowner
Best days/times for Monday Tuesday Wednesday	□AM □AM	□PM □PM	Thursday Friday Saturday	$\Box AM$	□PM □PM □PM

You can keep your family safe with 2 simple steps.

Step 1



Step 2



Test your smoke alarms monthly.

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Give the gift of a safer home. Please share with Friends and Family!