



## CITY OF BELLEVILLE FIRE DEPARTMENT SMOKE DETECTOR INSTALLATION PROGRAM APPLICATION

Please read and complete this application. This application and waiver must be completed and SIGNED before approval and installation of smoke detectors).

**NAME:**

**DATE:**

MM/DD/YYYY

Format: MM/DD/YYYY

**ADDRESS:**

**HOME PHONE:**

Ex. (123) 456-7890

**DAYTIME PHONE:**

Ex. (123) 456-7890

**AGE OF HOMEOWNERS:**

**MALE:**

**FEMALE:**

**E-MAIL:**

**IS YOUR HOUSEHOLD INCOME BELOW \$30,000?**

YES  NO

**ARE THERE ANY EXISTING SMOKE DETECTORS IN YOUR HOME?**

**HOW MANY STORIES DOES YOUR HOME HAVE?**

**BASEMENT?**

**HOW DID YOU HEAR ABOUT THIS PROGRAM?**

If your application is approved, a member of the Van Buren Fire Department or City of Belleville Fire Department will contact you in order to arrange a date and time for installation. We will be able to schedule installations on certain weekdays, evenings, and weekends. Any emergency calls received will take precedence and may delay a scheduled installation. Your flexibility, patience, and understanding will be greatly appreciated.

**SIGNATURE:**

**PRINT NAME:**

**City of Belleville Residents Please Return Application to:**

Firefighter Garrett Kissel

Belleville Fire Department

6 Main Street

Belleville, MI 48111

Or Fax to: (734) 697-6837

Or Email: [g.kissel@bellevillefd.com](mailto:g.kissel@bellevillefd.com)

Submit