DELAWARE STATE FIRE MARSHAL'S OFFICE

Smoke Detector Installation Program

INFORMATION FORM

2307 MacArthur Road
New Castle, DE 19720
phone (302) 323-5365
fax (302) 323-5366

Name			
Date of Birth		**Or Age**	
Home Phone Number		☐ **Day**	☐ **Night**
Work/Alternate Phone Number		☐ **Day**	☐ **Night**
Preferred Contact Time			
Address of Residence			
City, State, Zip		**DE**	
Do you own and occupy this residence?		☐ **Yes**	☐ **No**
Number of levels (floors), including the basement, at residence			
Does the home have working smoke detectors?		☐ **Yes**	☐ **No**
Total number of occupants in residence			

Age(s) of occupant(s)*						
Any disabled adult(s)?	☐ **Yes***	☐ **No**	**How many**		**Age(s)**	
Any disabled child(ren)?	☐ **Yes***	☐ **No**	**How many**		**Age(s)**	
Any infirm (or extended illness) child or adult?	☐ **Yes***	☐ **No**	**How many**		**Age(s)**	
Hearing impaired?	☐ **Yes***	☐ **No**	**How many**		**Age(s)**	

***If over the age of 62 or "Yes", name of individual(s)**

Does disability limit resident from changing smoke detector battery?	☐ **Yes**	☐ **No**

- - OFFICE USE ONLY - - Office of the State Fire Marshal **Electrician –** **Issue Date -** **Installed Date -** **Number of Detectors -** **Payment Approved -**	**Amount**	

Email