



County of Lexington  
Department of Public Safety

FIRE SERVICE DIVISION



# REQUEST FOR SMOKE ALARM INSTALLATION

This request will be processed and you will be contacted for further information and install time

Person Requesting Alarm \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Date of Request \_\_\_\_\_

Name for Alarm Installation \_\_\_\_\_

Address Location for Alarm Installation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

**Do You**

Own your Home

Rent Your Home

**Do You Need**

Smoke Alarm

Carbon Monoxide Alarm

Hearing Impaired Alarm