



CHENANGO COUNTY BUREAU OF FIRE

SMOKE DETECTOR PROGRAM

DEPARTMENT OR AGENCY REFERRAL

RESIDENT NAME _____

ADDRESS OF RESIDENCE _____ PHONE # _____

DEPARTMENT OR AGENCY MAKING REFERRAL _____

PERSON MAKING REFERRAL _____ PHONE # _____

DATE OF REFERRAL _____

SMOKE DETECTORS IN USE AT THE RESIDENCE IF YES, TOTAL NUMBER ____

CO DETECTORS IN USE AT THE RESIDENCE IF YES, TOTAL NUMBER ____

INDIVIDUALS IN RESIDENCE: TOTAL ____, ADULT ____, CHILDREN ____, 65 AND OVER ____

HANDICAPPED PERSONS ____, TYPE – PHYSICAL ____, DEVELOPEMENTAL ____, OTHER _____

SMOKERS IF YES, NUMBER ____

TOTAL NUMBER OF PERSON KNOWLEDGABLE IN HOME FIRE SAFETY ____

COMMENTS:

MKB/08012012