

Smoke Detector Information

NAME: _____

ADDRESS: _____

PHONE: _____

NUMBER OF STORIES IN THE HOME: _____

NUMBER OF BEDROOMS: _____

BASEMENT? YES NO

ARE THERE WORKING SMOKE DETECTORS IN THE HOME? YES NO

ARE THERE WORKING CARBON MONOXIDE DETECTORS IN THE HOME? YES NO

IS ANYONE IN THE HOME HEARING IMPAIRED? YES NO

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

**Please complete this form and email it to
inspections@oxfordfiredept.com or
submit it at Fire Station #1 (96 N. Washington St.).**