

# *Columbia County Fire Chief's Association, Inc.*

*P. O. Box 94, West Lebanon, NY 12195*

## *Smoke and CO Alarm Application*

Fire Department requesting alarm: \_\_\_\_\_

Name of Chief Officer: \_\_\_\_\_

Type of alarm(s) requested (add number requested): Smoke \_\_\_\_\_ Smoke/CO \_\_\_\_\_

Address of location alarm(s) to be installed: \_\_\_\_\_

\_\_\_\_\_

Provide a brief narrative describing need for alarm(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date application received: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_

Date application approved: \_\_\_/\_\_\_/\_\_\_ Approved by: \_\_\_\_\_

Date alarm(s) issued: \_\_\_/\_\_\_/\_\_\_ Issued by: \_\_\_\_\_

Number and type of alarms issued: Smoke \_\_\_\_\_ Smoke/CO \_\_\_\_\_

Alarm(s) received by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

