

**TIPPERARY FIRE & RESCUE SERVICE**

**Community Smoke Alarm Scheme**

**Fire Service Personnel will contact Householder directly to arrange the carrying out of a Home Fire Safety Visit and Installation of 10-Year Smoke Alarm(s).**

**Name of Community Group/Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Householder**

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Occupants Category (Tick which is applicable)**

Older Persons \_\_\_\_\_\_\_\_\_\_\_ ⁫

Person with Disability \_\_\_\_\_\_\_\_\_\_\_

⁫

Person Living Alone \_\_\_\_\_\_\_\_\_\_\_\_ ⁫

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there SMOKE ALARMS in the House YES/NO**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note this information will be used for the sole purpose of this scheme and will not be passed on to a third party.