



Niles Fire Department

Smoke Alarm Program

Today's Date: _____

Homeowner's Name: _____

Address: _____

Phone: _____ Email: _____

Floors: _____ # Bedrooms: _____ Ceiling Height: _____

Do you have a Basement: YES or NO

Do you have pets: YES or NO

Homeowner & Address Verified in Atlas: YES or NO, why: _____

Verified By: _____ Date Verified: _____

Additional Comments, if necessary: _____

You will receive a call within 7 days to schedule an installation appointment

Appointment Date: _____ Time: _____

Shift: _____ Apparatus: _____

Special Needs, if any: _____
