



Lincoln Park Fire Department

Residential Smoke Detector Application

Applicant Information

Full Name: _____ Date: _____
First Last

Address: _____
Street Address Date of Birth

City State ZIP Code

Phone: _____ Email _____

Are you a resident of Lincoln Park? YES NO

Are you over age 60? YES NO

How many OCCUPIED bedrooms in the home? _____

Does your home have a basement? YES NO

Does your home have a 2nd floor?
(In addition to the main floor) YES NO

Do you need help with installation? YES NO
(Installation may be delayed indefinitely due to the pandemic but will be offered when safe to do so.)

Is there a Female Head of Household? YES NO

RACE (please check one)

- White
- African American
- Asian
- Am. Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Am. Indian/Alaskan Native & White
- Asian & White
- African American & White
- Am. Indian/Alaska Native & African. Am.
- Other Multi-Racial

Disclaimer and Signature

I understand that the Lincoln Park Fire Department is NOT responsible for the replacement of alarms upon the conclusion of their life span, and the responsibility for new smoke and CO alarms will be incumbent upon the homeowner. Furthermore, I agree to hold the City of Lincoln Park and the Lincoln Park Fire Department harmless for all claims, actions, damages, and liability relating to the smoke alarm installation and/or possible malfunction of any alarm(s) installed.

Signature: _____ Date: _____