

Limerick Fire Service

Community Smoke Alarm Scheme - Application Form



1. Householder Name _____

Address _____

Telephone _____

Householder Signature _____

2. Indicate the Number of People in the House _____

3. My Circumstances are:

Elderly person ☐

Person with disability ☐

Unemployed ☐

Other Please Specify _____

4. Type of Property Bungalow ☐ Two Storey ☐ Apartment ☐

5. Name of Volunteer installing alarm (if applicable) _____

Community & Voluntary Organisation _____

Contact Phone Number _____

6. Alarm requested

Smoke ☐

Hearing Assisted ☐

Completed forms should be returned to: T.J. Blackwell
Fire and Rescue Services
Limerick County Council,
County Hall,
Doradoyle,
Co. Limerick

For Office Use only: Alarms allocated: Optical ☐ Ionisation ☐