

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 _____

Completed forms should be returned to: T.J. Blackwell
Fire and Rescue Services
Limerick City and County Council,
Lissanalta House,
Dooradoyle,
Co. Limerick

For Office Use only: Alarms allocated: Optical Ionisation