

Limerick Fire Service

Adapted Smoke Alarm for Deaf and Hard of Hearing

Application Form



1. Householder Name: _____

Address : _____

Postcode _____

Phone Number for Text : _____

Householder Signature _____

2. Indicate the Number of People in the House _____

3. My Circumstances are:

Elderly person ☐

Person (Deaf / Hard of Hearing) ☐

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: Adapted Alarms allocated: ☐