

SAPULPA FIRE DEPARTMENT

APPLICATION FOR SMOKE ALARM

Date: _____

Is this application for a Senior Citizen? _____

Name of applicant: _____

Address: _____

Phone: _____

Income: _____

Do you own your home? _____

Number of rooms in the house: _____

Number of bedrooms in the house: _____

Dependents living at home (List names and ages).
