



CITY OF MUSKEGON FIRE DEPARTMENT

Mail to: Muskegon Fire Prevention Bureau
770 Terrace Street Phone: 231-724-6795
Muskegon, MI 49440 231-724-6793

**2014 SMOKE ALARM REGISTRATION APPLICATION
OWNER-OCCUPIED HOMES ONLY**

Application Type: (please circle one) Initial Registration Renewal

Applicant Name: Telephone Number () -
Last First MI

Applicant Address: Street Address

City State Zip Code

Please list three (3) Emergency Contacts that have agreed to respond and grant access to the alarm site.

Contact #1 () -
Full Name Local Phone #

Contact #2 () -
Full Name Local Phone #

Contact #3 () -
Full Name Local Phone #

In order to be eligible to receive the smoke alarm, you need to allow the Muskegon Fire Department to conduct a Home Fire Safety Survey AND install the smoke alarm.

The Applicant affirms that all the information contained herein is true and correct to the best of his/her knowledge.

X _____ Date _____
Signature of Applicant

OFFICIAL USE ONLY

Registration # _____

Date of Survey: _____ **# of Alarms Installed:** _____

Date of Installation: _____ **Follow-up Date:** _____

Alternate

Date of Installation: _____