



Hualapai Fire and EMS Smoke Alarm Request Form

First and Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

House Survey and Assessment

Number of Bedrooms:

Number of Bathrooms:

Q. Is there anyone in your household that is deaf and hard of hearing or has a disability related to these symptoms?

☐ YES ☐ NO

I am available these days:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

By signing below, I agree to allow Hualapai Fire and EMS personnel to enter my residence for smoke alarm installations. I also understand that I, or my closest family member, must be present during installation. Furthermore, I will agree to keep my household free of safety hazards that could harm or injure Hualapai Fire and EMS employees during installation.

Homeowner or Tenant:

*Please submit this form to administration at Fire Station 141 on 921 Hualapai Way Peach Springs, AZ 86434
or via email Victoria.Becerra@hualapai-nsn.gov*