



BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY FIRE RESCUE

Matthew A. Graves, Fire Chief
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SMOKE ALARM INSTALLATION PROGRAM REGISTRATION

Please read and complete BOTH SIDES of this application. This application and waiver must be completed and SIGNED before approval and installation of smoke alarm(s).

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ DAYTIME PHONE: _____

AGE OF HOMEOWNERS: MALE: _____ FEMALE: _____

HOW MANY UNDER THE AGE OF 5 LIVE IN YOUR HOME? _____ OVER THE AGE OF 60? _____

IS YOUR HOUSEHOLD INCOME BELOW \$25,000 YES: _____ NO: _____

ARE THERE ANY EXISTING SMOKE DETECTORS IN YOUR HOME? _____ HOW MANY? _____

ARE THEY CURRENTLY WORKING? _____ WHY NOT? _____

HOW MANY STORIES IN HOME? _____ HOW MANY BEDROOMS? _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

Nassau County Fire Rescue will contact you upon acceptance of this application to arrange a date and time for installation. We will be able to schedule installations on certain weekdays, evenings, and weekends. Any emergency calls received will take precedence and may delay a scheduled installation. Your flexibility will be greatly appreciated.

SIGNATURE: _____ PRINT NAME: _____

(FOR STATION USE ONLY)

Installation Appointment Date _____ Installation Appointment Time _____

Station/ Shift _____ Date Installed: _____ CCR # _____

Installed By: _____ Appointment Time: _____ Number Installed: _____

Inter-Office to HQ when installed