



CITY OF ABILENE

Abilene Fire Department

APPLICATION FOR SMOKE DETECTOR



This application is to be used by the Abilene Fire Department solely to determine your eligibility for a free smoke detector. All information, which you provide, will be kept strictly confidential.

Name: _____ Phone: _____

Address: _____

Do you own or rent your home? _____ Does your home have more than one story? _____

Are bedrooms split on a single level? _____ How many bedrooms do you have? _____ Sq. Ft. _____

Signature of Applicant Date

After completing this application, please mail, fax, e-mail or bring it to:

Abilene Fire Department
250 Grape Street
Abilene, Texas 79601

Fax: 325-676-6673

E-Mail: afdprev@abilenetx.gov

If you have any questions regarding this application, feel free to call the Fire Marshal's Office at 676-6434. Following a review of your application, a fire department representative will contact you.