

WEST LAFAYETTE FIRE DEPARTMENT

300 NORTH STREET
WEST LAFAYETTE, INDIANA 47906
765.775.5175

Ensuring West Lafayette is always a safe and great place to work, live, and play.

SMOKE DETECTOR INSTALLATION REQUEST FORM

Name	Date:	
Last	First	
Street Address	Apartment	#
City	State	Zip Code
() Phone	Email	
Preferred Time of Day to be Contac	ted Preferred Method of Co	ontact: Phone or Email
Reason for Smoke Detector Installar I do not have smoke detecto I do not have the proper amo My smoke detectors are not Number of Smoke Detectors Reque	ount of smoke detectors functioning properly	
Do You Own or Rent Your Home? ☐ Own ☐ Rent If you rent your home, please provid your landlord:	le contact information for the property ma	anagement company or
Name of Company or Landlord		
Phone Number of Company or Land	dlord	

Please email completed form to: <u>WLFDadmin@westlafayette.in.gov</u>