



WALLINGFORD CONNECTICUT

Smoke Alarm Program Request Form

1 and 2 family houses and owner occupied 3 family dwellings within the Town of Wallingford are eligible to have free battery operated smoke alarms installed by the American Red Cross. Rental properties or condominiums should contact their landlord or property owner's association for smoke alarms.

Please complete this form and email to firemarshal@wallingfordfd.com or return to the Wallingford Fire Department CFHQ at 75 Masonic Avenue, Wallingford, CT 06492.

REQUEST INFORMATION

Name: _____

Address: _____

Phone number: _____ Email: _____

SMOKE ALARM INFORMATION

☐ Single-Family House ☐ Two-Family House ☐ Owner occupied 3 family dwellings

of Levels, including basement: _____ # of smoke alarms currently in the residence _____

of Smoke alarms greater than 10 years old, if known: _____

Do you have at least one Smoke Alarm per level? ☐ Yes ☐ No

If no, which levels? _____

Is anyone in the residence deaf or hearing impaired? ☐ Yes ☐ No

Additional comments: _____

OFFICIAL USE ONLY

Date Received: _____ Received by: _____

