 **Headquarters Northlake**

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Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Dwelling: House:\_\_\_\_\_\_\_\_ Apartment:\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_**

**Owner of property:\_\_\_\_\_\_\_\_\_ Tennant:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistance needed/ Given to install smoke detectors: YES:\_\_\_\_\_ NO:\_\_\_\_\_\_\_\_\_**

**Number of people living in this residence:\_\_\_\_\_\_\_\_\_\_\_\_**

**Adults:\_\_\_\_\_\_\_\_\_ Children:\_\_\_\_\_\_\_\_\_\_\_\_ Elderly:\_\_\_\_\_\_\_\_\_\_ Handicapped:\_\_\_\_\_\_\_\_\_\_**

**Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firefighter Installing Detectors**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Installation/Activation witnessed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recorded by Fire Prevention on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On Hand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**