

Forest Lake Smoke Alarm Replacement

Applicant Name: _____

Lot: _____

Telephone: _____

Address: _____

Smoke Alarms:

Kitchen: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Living Room: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Den: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Master Bed: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Spare Bed: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Spare Bed 2: Battery / Hard Wired Date on alarm: _____ Qualify Y / N

Comments: _____

Inspected By: _____

Print Name

Date: _____