



LILLOOET FIRE DEPARTMENT

PROTECTING HOMES AT RISK

SMOKE ALARM INSPECTION/INSTALLATION REQUEST

Occupant name: _____

Address: _____ Unit# _____ Lillooet, BC V0K 1V0

Phone #: _____ Cell #: _____

Name of Requestor (if difference than above): _____

Name of Property Owner (if different than above): _____

Preferred day of the week: _____ Preferred time: _____

How many people live in the residence? _____

	Yes	No	Age
Are there any children living in the home?			
Are there any seniors (over 60) living in the home?			
Do you require a smoke alarm inspection?			
Do you require a smoke alarm installation?			

QUESTIONS? Please call (250) 256-7222

Completed forms can be sent to:

Email: lfid.chief@lillooetbc.ca

Fax: 250-256-4518

Mail to: Box 610, Lillooet, BC V0K 1V0

Dropped off at: 610 Main Street, Lillooet, BC

For Office Use Only – Checklist for Public Education Officer	
Event Scheduled with:	
Event approved:	Event Denied: Requester contacted:
Number of battery smoke alarms installed:	Number of 10 year sealed Smoke Alarms Checked:
Special instructions:	