



# 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](mailto: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:		