

CITY OF AUBURN HILLS
SMOKE DETECTOR INSTALLATION APPLICATION

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Age of Home Owners: Male: _____ Female: _____ Number of children: _____

Any Existing Smoke Detectors? Yes _____ No _____ If yes, how many? _____

Number of stories in your home: _____ Basement? Yes _____ No _____

Your name and telephone number if you are completing this request for someone else:

Name: _____

Phone: _____

This form may be returned by mail or in person to the address below or emailed to
dschultz@auburnhills.org:

Auburn Hills Fire Department
Attn: Smoke Detector Install
3410 E Seyburn Dr.
Auburn Hills, MI. 48326