



**CITY OF BELLEVILLE FIRE DEPARTMENT SMOKE DETECTOR INSTALLATION PROGRAM APPLICATION**

Please read and complete this application. This application and waiver must be completed and SIGNED before approval and installation of smoke detectors).

NAME:

DATE:

ADDRESS:

HOME PHONE:

DAYTIME PHONE:

AGE OF HOMEOWNERS:

MALE:

FEMALE:

E-MAIL:

IS YOUR HOUSEHOLD INCOME BELOW \$30,000?

☐ YES ☐ NO

ARE THERE ANY EXISTING SMOKE DETECTORS IN YOUR HOME?

HOW MANY STORIES DOES YOUR HOME HAVE?

BASEMENT?

HOW DID YOU HEAR ABOUT THIS PROGRAM?

If your application is approved, a member of the Van Buren Fire Department or City of Belleville Fire Department will contact you in order to arrange a date and time for installation. We will be able to schedule installations on certain weekdays, evenings, and weekends. Any emergency calls received will take precedence and may delay a scheduled installation. Your flexibility, patience, and understanding will be greatly appreciated.

SIGNATURE:

PRINT NAME:

**City of Belleville Residents Please Return Application TO:**  
Belleville Fire Department  
6 Main Street  
Belleville, MI 48111  
Or Fax to: (734) 697-6837  
Or Email: [bellevillefd@belleville.mi.us](mailto:bellevillefd@belleville.mi.us)

Submit