

How did you hear about us? _____

Date: _____



Deaf and Hard of Hearing Smoke Alarm Application

To participate in the program, you must:

- Answer all questions on this application;
- Be a resident of the city of Lafayette;
- Have a professional attest to the disability (see **"Proof of Hearing Loss or Deafness"** signature line below)
- NOT live in an institutional facility (dorm, nursing home, etc.)

Applicant Information

Last Name: _____ First Name: _____

Installation Address: _____ Date of birth: _____
STREET ADDRESS MO/DAY/YEAR

CITY ST ZIP

Mailing Address (if different from above) _____
STREET ADDRESS

CITY ST ZIP

Primary Phone: _____ Alternative Phone: _____

Email Address: _____ Is email a good way to contact you? Yes No

Contact Person *(please provide information for a Contact Person if you need assistance with scheduling the smoke alarm installation.)*

Last Name: _____ First Name: _____

Primary Phone: _____ Alternative Phone: _____

Email Address: _____ Did the Contact Person assist you with this application? Yes No

Additional Information *(please check the answer to the questions below. Answers help us select the best equipment for your needs.)*

- Deaf
- Hard of Hearing

1. Type of Residence

- Single Family
- Multi-Family
- Apartment
- Mobile Home

2. Primary Language

- English
- ASL
- Other _____
- Will require ASL Interpreter

Proof of Hearing Loss or Deafness *(as proof - a professional may attest with their signature below.)*

SIGNATURE

TITLE

PHONE NUMBER

Mail, fax, email or bring this completed application to:

Lafayette Fire Department's Fire Prevention Division
 2100 Jefferson St. Bldg. B / Lafayette, LA 70501
 Fax: (337)291-5531/ Email: FireSafety@lafayettela.gov
 Questions? Contact us at (337)291-8704

For internal use only:
 Application Number: _____