



TOWN OF FAIRHAVEN

MASSACHUSETTS

FIRE DEPARTMENT / EMERGENCY MEDICAL SERVICE

146 Washington Street, Fairhaven, MA 02719

Phone: 508 994-1428 Fax: 508 994-1515

Emergency # 911



SMOKE / CARBON MONOXIDE DETECTOR ASSISTANCE REQUEST FORM

Please print legibly

Date: _____

Name: _____ Telephone/Cell Phone Number: (____) _____ - _____

Address: _____ Apt Number: _____ Fairhaven, MA 02719

Email: _____

Are you the current owner of the property? Yes No If No, who is? _____

Preferred Method of Contact: (Circle One) PHONE EMAIL

ABOUT THE HOUSE:

Do you currently have smoke detectors? (Circle One) YES NO
Do you currently have Carbon Monoxide detectors? (Circle One) YES NO
Power Source of Current Detectors? BATTERY PLUG IN HARDWIRED
Amount of Detectors Requesting? _____ SMOKE _____ CO _____ NEED ASSIST DETERM.

ASSISTANCE REQUESTED (CHECK ALL THAT APPLY)

☐ I am requesting an inspection of my property.

☐ I am requesting to acquire free detectors

- Must meet all the following qualifications:

- ☐ Must live in the Town of Fairhaven
(Acushnet Residents should contact the Acushnet Fire Department at 508-998-0250)
- ☐ Non-Renter: If you rent your home, including apartments, your landlord should provide working smoke detectors and carbon monoxide detectors. If your landlord has not provided you with detectors, please contact the Deputy Chief at 508-994-1428, option 2.
- ☐ Low-Income, physically disabled, and or a Senior Citizen that is unable to obtain an alarm do to a fixed income or a financial hardship.

☐ I am requesting someone to install the detectors (purchased or acquired) in my house.

I hereby release and agree to indemnify the Town of Fairhaven and the Fairhaven Fire & EMS Department from any liability in connection with the service provided. I understand that it is my responsibility to maintain the detectors in working condition by following the manufacturer's recommendations and that the Town of Fairhaven is not responsible for the upkeep or maintenance of the detectors installed.

PRINT: _____ SIGN: _____ DATE: _____

The Assistance request form is confidential.

This information will be stored in a file and not released to the public unless permission is granted by the homeowner.

E-Mail: FireAdmin@fairhaven-ma.gov FAX: 508-994-1515