

City of Angola Fire Dept.
202 W. Gilmore St
Angola, IN 46703
260.665.5555 (station)
260.624.3115 (fax)
www.angolain.org



***** Smoke Detector Application*****

Name _____ Township: _____

Address: _____

Phone #: _____ Best time to contact : _____

Purchasing or Own Home: Yes / No

If No: Owner Information:

Name: _____

Address: _____

Phone #: _____

No. of Dependants living in structure: _____

I agree to maintain the First Alert Tamper Proof detector that is being placed in my home free of charge by the Angola Fire Department. I understand that it is my responsibility to test the detector monthly and report any problems to the Angola Fire Department. I further agree to allow the Angola Fire Department to schedule a time to inspect the detector as a way to maintain accountability of the First Alert Tamper Proof smoke detector.

Applicant Signature: _____

Date: _____

Office use only

Detector installed on: _____ By: _____

Incident #: _____

Detector Inspected on: _____ By: _____

Maintenance performed on: _____ By: _____

***Community service beyond expectations through
pride, progress, and tradition from people who care.***