



County of Lexington
Department of Emergency
Services

FIRE SERVICE DIVISION



REQUEST FOR SMOKE ALARM INSTALLATION

This request will be processed and you will be contacted for further information and install time

Person Requesting Alarm _____

Contact Email Address _____

Date of Request _____

Name for Alarm Installation _____

Address Location for Alarm Installation

Contact Telephone Number _____

Do You

Own your Home

Rent Your Home

Do You Need

Smoke Alarm

Carbon Monoxide Alarm

Hearing Impaired Alarm