



Application for Smoke Alarms

Name of Community Group _____

Address: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Applications to be returned to Tourism & Community, Clare Co. Council, New Rd., Ennis (Ph 065 - 6846571)

We wish to apply for both an optical smoke alarm (kitchen area) and ionised smoke alarm (hallway/landing) for each of the following:

Person 1

Name _____

Address: _____

Telephone No: _____ Email Address: _____

Indicate House Type (Bungalow,Two Storey,Apartment) **Indicate** No Persons

Indicate Circumstances (Elderly person, Person with disability, Unemployed)

Person 2

Name _____

Address: _____

Telephone No: _____ Email Address: _____

Indicate House Type (Bungalow,Two Storey,Apartment) **Indicate** No Persons

Indicate Circumstances (Elderly person, Person with disability, Unemployed)

Person 3

Name _____

Address: _____

Telephone No: _____ Email Address: _____

Indicate House Type (Bungalow,Two Storey,Apartment) **Indicate** No Persons

Indicate Circumstances (Elderly person, Person with disability, Unemployed)

When installed I will confirm same to the above named official

Signed _____ **Date** _____

Position in Organisation (_____)