



Elk City Fire & EMS Department

303 W Fifth
Elk City, Oklahoma 73644
Ph: 580-225-0500 · Fax: 580-225-3552



Smoke Detector Request Form

Name: _____ Phone: _____
First Last

Address: _____

Email: _____

Do you: Rent Own

If rent, please provide homeowner information:

Name: _____ Phone: _____
First Last

Email: _____

Please complete the following regarding the number of residents in the home:

Infants (less than 1 year old) _____ Adolescent (age 13-18 years old) _____

Toddlers (age 1-3 years old) _____ Young Adult (age 19-40 years old) _____

Pre-School (age 3-5 years old) _____ Middle Age (age 40-60 years old) _____

School age (age 6-12 years old) _____ Older Adult (over age 60 years old) _____

For Fire Department Use Only:

| | | |
|------------------------------------|-----------------------------------|-----------------------|
| <input type="checkbox"/> Approved | Number of Detectors Issued: _____ | Date Installed: _____ |
| <input type="checkbox"/> Scheduled | _____ | |
| <input type="checkbox"/> Denied | Reason for denial: | |
| _____ | | |
| _____ | | |
| _____ | | |

Please return this form to the Elk City Fire Department or email to firewatch@elkcity.com