



Robert A. Symons  
Chief

# COUNTY of ROCKINGHAM

Department of Fire and Rescue

## Application for FREE SMOKE DETECTOR

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Directions to your home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Children (0-18 yrs.) living in home \_\_\_\_\_

Number of Adults (19-61 yrs.) living in home \_\_\_\_\_

Number of Seniors (62 yrs. and over) living in home \_\_\_\_\_

Do you currently own a smoke detector?                      Yes                      No

Do you            own or            rent your home?

You can mail, email, or drop off this application. Email to  
lolinger@rockinghamcountyva.gov, or mail to Rockingham County Fire &  
Rescue, Attn: Smoke Detector Program, 20 East Gay Street, Harrisonburg, VA  
22802. If you have further questions concerning this program please call (540)  
564-3175.

### Office Use Only

Date Received \_\_\_\_\_

Date assigned to Co. for installation \_\_\_\_\_

### Field Personnel/Owner

Date Installed \_\_\_\_\_

Number Installed \_\_\_\_\_

Installer (sign) \_\_\_\_\_

Homeowner (sign) \_\_\_\_\_