



Hudson Volunteer Fire Department

P. O. Box 191
313 North Main Street
Hudson, Indiana 46747-0191
(260) 587-9602

***** 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 Dependents living in the structure _____

I agree to maintain the Smoke detector that is being placed in my home free of charge provided by the Hudson Volunteer Fire Dept. I understand that it is my responsibility to test the detector monthly and report any problems to the Hudson Volunteer Fire Dept. I further agree to allow the Hudson Volunteer Fire Dept. to schedule a time to inspect the detector as a way to maintain accountability, and proper usage of the smoke detector.

Applicant Signature _____ Date _____

Office use only

Detector installed on: _____ By: _____

Incident #: _____

Detector Inspected on: _____ By: _____

Maintenance performed on: _____ By: _____

