



SMOKE ALARM GRANT APPLICATION

Recipient Name: _____ Date: _____

Address: _____

911 Physical/ Street

Apt. No.

City

State

Zip Code

Local Fire Department: _____

Number of People in home between ages :

| | |
|------------------------------|--|
| New born - 5 years old | |
| 6 years old - 12 years old | |
| 13 years old - 18 years old | |
| 19 years old - 25 years old | |
| 26 years old - 35 years old | |
| 36 years old - 50 years old | |
| 51 years old - 65 years old | |
| 67 years old - 80 years old | |
| 80 years old - 100 years old | |

Annual Yearly income of household: _____

Contact: _____

Full Name:

Cell Number

Applicants Signature

Date

Office of the Louisiana State Fire Marshal
8181 Independence Blvd. • Baton Rouge, LA. 70806
Ph: 225.925.4911 Toll Free: 1.800.256.5452