



Smoke Alarm Request and Receipt Form

Fire Department: _____ FDID: _____

Date of Request: _____ Number of alarms requested: _____

Address: _____

Delivery option: FedEx Delivery (1-2 weeks) SFMO Delivery (4-6 weeks)

Organization Administrator: _____ Phone number: _____

Email: _____ Have you taken the online training class (Y/N): _____

**Please email this form to Adam Wodzinski at SFMO.GetAlarmedTN@tn.gov
Allow 1-2 weeks for FedEx Delivery and 4-6 weeks for SFMO Delivery
(from the day the request is processed and approved).**

To be completed upon delivery:

Delivered to: _____ Signature: _____

Number of alarms received: _____ Date of delivery: _____

Must be installed by: _____

For administrative purposes:

Date received: _____ Transaction ID: _____

Needs training?: _____ Missing alarms?: _____

Number of alarms unaccounted for: _____

Date contacted: _____ Notes: _____

Date contacted: _____ Notes: _____

Date ready for delivery: _____

Notes: _____