

All canvass requests must be submitted at least **45 days** prior to canvass date.



Get Alarmed Canvass Request Form

Full Department Name:

Proposed Canvass Date:

Address of Canvass Meeting Place:

City:

Zip:

Organization Administrator:

Organization Administrator Phone:

Organization Administrator E-mail:

Total number of homes you plan to visit during the canvass:



List the streets/neighborhoods you will be visiting along with the approximate number of homes:

• Example: Elm St between 2nd and 3rd Ave (40 homes)

How many volunteers do you anticipate will attend?

Have you hosted a smoke alarm canvass before? (yes or no)

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Briefly describe the canvass you are planning:

You may use the back of this form, or send a separate email, if needed.

Signature:

Date:

By signing this, my organization acknowledges that the above described canvass is accurate and that any alarms delivered for this canvass will only be used for the canvass described. Any unused alarms will be returned to the SFMO within 10 days.

**All canvass requests should be submitted via email to
SFMO.GetAlarmedTN@TN.gov.**

This section for TSFMO use only

Supervisor Approval

of alarms Date: