



Department of Commerce & Insurance
 State Fire Marshal's Office
 500 James Robertson Parkway
 Nashville, TN 37243

Instructions

1. Fill out the information for each installation
2. Make a copy for your records
3. Return to the State Fire Marshal's Office

SMOKE ALARM INSTALLATION SUMMARY REPORT

Page ___ of ___

Organization Name: _____

Date (MM/DD/YY): _____ Address: _____ City: _____ Zip: _____		Smoke Alarms: _____ Bed Shakers: _____	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Own <input type="checkbox"/> Rent Name: _____ Phone: _____ Number of Smokers _____		CO Alarms: _____ Combo Alarms: _____	
Date (MM/DD/YY): _____ Address: _____ City: _____ Zip: _____		Smoke Alarms: _____ Bed Shakers: _____	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Own <input type="checkbox"/> Rent Name: _____ Phone: _____ Number of Smokers _____		CO Alarms: _____ Combo Alarms: _____	
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TOTAL ALARMS INSTALLED: _____



Return this form by email, fax or mail.
 SFMO.GetAlarmedTN@tn.gov
 Fax: 615-741-1475
 Attn: Jason Driver

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 Division of Fire Prevention
 500 James Robertson Parkway
 Nashville, TN 37243

