



**Fire Protection District No. 1  
of West Feliciana Parish**

# Request for Smoke Detector

Requestors Name \_\_\_\_\_

Date of Request \_\_\_\_\_

Phone number \_\_\_\_\_

Physical Address  
\_\_\_\_\_

Request installation of a smoke detector you already have \_\_\_\_\_

Request a new smoke detector \_\_\_\_\_

Scheduled \_\_\_\_\_

Completed \_\_\_\_\_

Send to the contact numbers below.