



# 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  
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