



S.A.F.E. FAMILY

Smoke Alarms for Every Family Fire Department Application Form

FIRE DEPARTMENT: _____

PROGRAM COORDINATOR: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBERS: _____

NUMBER OF SMOKE ALARM INSTALLATION KITS REQUESTED (max 100): _____

PLEASE PROVIDE A BRIEF SUMMARY OUTLINING WHO WILL BE RESPONSIBLE FOR THE IMPLEMENTATION OF THIS PROGRAM (community partners identified):

DATE OF IMPLEMENTATION (length and time frame):

AREA OF IMPLEMENTATION (target area of highest need):

ADVERTISEMENT (how will your community know about this program):

For more information or questions regarding this form please contact Leanne Erlendson at 1-888-253-1488 or email Leanne.erlendson@gov.mb.ca.

Forms will be reviewed by a member from each of the following organizations. OFC, Red River Mutual, Manitoba Firefighters Burn Fund and the Manitoba Association of Fire Chiefs.

Please fax the completed form Attention: Leanne Erlendson 1 204 726 6847 or scan and email.

You will receive confirmation by email that your form has been received and expected kit delivery date.