



# S.A.F.E. FAMILY

## Smoke Alarms for Every Family: **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):

\_\_\_\_\_  
\_\_\_\_\_

Please fax the completed form to the Office of the Fire Commissioner: **(204) 726-6847**

Or scan and email to: [firesafety@gov.mb.ca](mailto:firesafety@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.

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