
S.A.F.E. Family Application Form

Date of request: _____

Fire department: _____

Mailing address: _____

City/town: _____ Postal code: _____

Email address: _____

Fire chief name: _____
(Please print) (Signature)

Contact name and title: _____

Phone numbers: _____

Number of smoke alarms requested (max 48): _____

Please provide a brief summary outlining who will be responsible for the implementation of this program (community partners identified):

Start date of installations (All alarms must be installed within 6 months of the start date):

Area of implementation (target area of highest need):

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

Please submit the completed form by email or fax to Manitoba Municipal Relations
c/o the Office of the Fire Commissioner:
firesafety@gov.mb.ca • 204-726-6847

