

**Meath County Fire and Rescue Service**

**Seirbhís Dóiteáin & Tarrthála Co. na Mí**

**Home Fire Safety Check**

**Participation Form**

**Name of Householder (BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

* **Description of Property – Please tick box that applies to you –**

|  |  |  |  |
| --- | --- | --- | --- |
| * + - House | ⬜ | * Apartment | ⬜ |
| * Single Storey | ⬜ | * Two Storey | ⬜ |
| * Detached | ⬜ | * Semi Detached | ⬜ |
| * Terraced | ⬜ | * Owner Occupied | ⬜ |
| * Rented | ⬜ | * Other | ⬜ |

Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Number of occupants in property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Existing Smoke Alarms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Status of Household Occupants – Please tick boxes that applies to you -**

|  |  |  |  |
| --- | --- | --- | --- |
| * + - Older Person Living Alone | ⬜ | * Person with Disability | ⬜ |
| * Person Parenting Alone | ⬜ | * Other | ⬜ |

Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominating Person (Block Capitals)**

**Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident**

**Please return fully completed forms to *Éanna Ó Conghaile* *Assistant Chief Fire Officer, Meath County Fire and Rescue Service, Navan Fire Station, Abbey Road, Navan, Co. Meath*.**

“The personal information (data) collected on this form, including any attachments, (which may include the collection of sensitive personal data) is collected for the purpose of processing this application and any data collected is subject to Meath County Council’s privacy statement which can be found at <http://www.meath.ie/>”