

Home Safety Program Application Form

Applicant Information	
Recipient Name (First, Last) (required)	
Date of Application/Referral (DD/MM/YYYY)	
Date of Birth (DD/MM/YYYY) (required)	
Address (required)	
City	
Postal Code	
Telephone Number (required)	
Email Address	

Is this application a referral on behalf of another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		
Contact Information	Phone:	
If yes, please identify your relationship to the program recipient.	<input type="checkbox"/> Family Member	
	<input type="checkbox"/> Caregiver	
	<input type="checkbox"/> Neighbour	
	<input type="checkbox"/> Community Agency	
	<input type="checkbox"/> Health Professional	
	<input type="checkbox"/> Other: (please identify your relationship with the program recipient)	
How did you hear about the program?	<input type="checkbox"/> Township of Adjala-Tosorontio Website	
	<input type="checkbox"/> Social Media	
	<input type="checkbox"/> Community Agency	
	<input type="checkbox"/> Word of Mouth	
	<input type="checkbox"/> Other: (please identify below)	



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Home Information				
Does the home currently have Smoke Alarms?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, how many?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
What type of alarms do you have?	<input type="checkbox"/> Battery	<input type="checkbox"/> Hard-wired	<input type="checkbox"/> Combination	<input type="checkbox"/> Unknown
Does the home currently have Carbon Monoxide (CO) Alarms?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, how many?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Please identify the type of dwelling for this application?	<input type="checkbox"/> Single Storey / Bungalow			
	<input type="checkbox"/> Multiple Storey (2+ floors)			
	<input type="checkbox"/> Apartment			
	<input type="checkbox"/> Other: (Please identify below)			
Please provide the estimated age of the home.	<input type="checkbox"/> New Build (less than 1 year old)			
	<input type="checkbox"/> 1-10 years old			
	<input type="checkbox"/> 10-20 years old			
	<input type="checkbox"/> 20+ years old			
	<input type="checkbox"/> Other			
Date of Construction if Available:				

APPLICANT, SIGN AND DATE:

Signature of Applicant

DD	MM	YYYY

Date

For printed applications please mail or drop off to:

Adjala-Tosorontio Fire Department

7855 Sideroad 30
Alliston, ON
L9R 1V1

Or email: fire@adjtos.ca

If you require support with your application, require additional information, or have questions please contact Adjala-Tosorontio Fire Department at: 705-434-5055 ext 229 or email: dbalfour@adjtos.ca

This program has been made available thanks to Enbridge Gas Project Zero.

