



Get Alarmed, TN Smoke Alarm Request & Receipt Form

Full Department Name:

Date of Request:

Physical Address (for delivery of alarms):

City:

Zip:

of 10-year
alarms requested:

of SafeAwakes
requested:

of 10-year alarms dept.
currently possesses:

Organization Administrator:

Organization
Administrator Phone:

Organization Administrator
E-mail:

Please E-mail or fax this entire form to Baylie Scott at Baylie.Scott@tn.gov or 615-741-1475.

To be completed upon delivery:

Delivered to:

Signature:

of 10-year
alarms
received:

of
SafeAwakes
received:

Date of delivery:

Date 10-year
alarms must be
installed by:

Notes:

By signing this, my organization acknowledges the receipt of the alarms noted above. We understand these alarms must be accounted for and installed within 6 months of receipt.