

# City of Anderson - OFFICE OF MEDIA RELATIONS

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120 East Eighth Street | Anderson, IN 46016 | (765) 648-6000

FOR IMMEDIATE RELEASE

September 8, 2016

## **Outreach Program to Enhance Citizen Safety**

Mayor Thomas Broderick, Jr., and Fire Chief David Cravens are pleased to announce the **Get Alarmed** fire prevention program. In partnership with Hoosier Park Racing & Casino, Wal-Mart Super Center, The Herald Bulletin, and Lowes, the City of Anderson **Get Alarmed** program will provide smoke detectors free of charge to Anderson city residents. Smoke detectors save lives. The **Get Alarmed** program will enhance citizen safety, increase awareness of smoke alarm benefits, and assist the Anderson Fire Department to keep our community safe.

Anderson Fire Department personnel will deliver smoke detectors and/or replacement batteries for existing detectors. Smoke detectors ten years or older should be replaced. Batteries should be replaced two times per year for proper operation. Smoke detectors should be placed near sleeping quarters and on each level of a home.

To participate in the **Get Alarmed** program, citizens must complete and return a Smoke Alarm Request Form to the Anderson Fire Department (44 W 5<sup>th</sup> Street, Anderson, IN 46016). Request forms can be located at [www.cityofanderson.com](http://www.cityofanderson.com). For more questions contact the Anderson Fire Department at (765) 648-6624 or 648-6618, or email [cravensd@cityofanderson.com](mailto:cravensd@cityofanderson.com).

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Contact: Alisha Cummings, Public and Media Affairs Director | [acummings@cityofanderson.com](mailto:acummings@cityofanderson.com) | (765) 648-6009

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**GET ALARMED**  
**ANDERSON FIRE DEPARTMENT**  
**PREVENTION BUREAU**  
**DAVE CRAVENS, FIRE CHIEF**  
**WILBERT KELLY, DEPUTY FIRE CHIEF**

Please complete the following form to request a smoke detector through the Anderson Fire Department. The form needs to be submitted to 44 West 5<sup>th</sup> Street, Anderson, IN 46016, prior to October 21, 2016.

**SMOKE ALARM REQUEST FORM**

**Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alt. Phone Number: \_\_\_\_\_

Please answer the following questions to help us serve you better. The answers are for AFD use only.

Does this residence currently have a working smoke alarm?      \_\_\_yes      \_\_\_no  
Do you own or rent?      \_\_\_yes      \_\_\_no  
Are you a senior citizen?      \_\_\_yes      \_\_\_no  
Are you disabled?      \_\_\_yes      \_\_\_no

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