



OFFICE OF THE STATE FIRE MARSHAL



Hearing Impaired
Smoke Detector Program

REFERRAL FORM

Name of Hearing Impaired Resident: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ *Cell Phone:* _____

Preferred Contact Time: Day / Evening / Anytime _____

Caregiver (if applicable): _____

Referred by: _____

Signature of Receipt: _____

Please Submit Completed Form by Mail or Fax to:

New Castle County

Brian K. Ferguson

1537 Chestnut Grove Road
Dover, DE 19904

Phone (302) 257-3069

Fax (302) 739-3696

Brian.ferguson@state.de.us

Kent / Sussex County

Rebekah L. Legar, MS

1537 Chestnut Grove Road
Dover, DE 19904

Phone (302) 257-3075

Fax (302) 739-3696

rebekah.legar@state.de.us