



Comanche Nation Injury Prevention

Fire Extinguisher Application

Applicant Information

Full Name:

Last Name M.I.

Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ CDIB Number: _____

Handicapped: Yes No Elder Age(s): _____ Female: ___ Male ___

Are there any children living in the home? _____ If so how many? _____

Is there a fire extinguisher in the home now? Yes or No

Type of home Age of home: _____

- Brick Wood Frame Trailer
- HUD Other

_____ **Office use only** _____

Fire Extinguisher Issued Date: _____

Clients Signature: _____

Injury Prevention Signature: _____

Bonita Paddyaker – Director of Injury Prevention (580-492-3343)

Or

Carolyn Lonewolf - Administrative Assistant of Injury Prevention (580-492-3344)

