

# Smoke Alarm Installation Application

PLEASE PRINT

Resident Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

My home is:  Single family dwelling  Mobile home  Other \_\_\_\_\_  
(Specify)

How many levels are in your home?  1  2  3 or more  Refused.

How many people who live in your home are: \_\_\_\_\_

Less than 5 years old  over 65 years old  have a disability \_\_\_\_\_

## Resident MUST read and sign the following liability waiver

I understand and agree that the Anniston Fire Department is providing smoke alarms and installing them as a public service in the interest of encouraging fire safety and helping to prevent the loss of life and property. I understand that the Anniston Fire Dept. does not guarantee or endorse this brand of smoke detector. I also understand that the Anniston Fire Dept. is not a seller, manufacturer, or dealer in smoke alarms. In exchange for accepting the free smoke alarm and its installation I agree not to make any claim or demand or to file any lawsuit against the Anniston Fire Dept. or any individual employee or volunteer with the Anniston Fire Dept. involved in the "Smoke Alarm Installation Program", for any injuries, deaths, damages, costs or expenses claimed to have resulted from the smoke detector, battery, installment or from the instructions for maintenance and safety given at the time of installation. I hereby waive any cause of action that I may have now or in the future or that anyone else may have by or through me, arising out of the malfunctioning of the smoke alarm or batteries, whether or not used in accordance with the manufacturer's instructions. I further understand that in order for these smoke alarms to be effective, the alarm will need to be checked monthly. This release from liability is binding on me and my family and all my heirs, successors, and assigns.

\_\_\_\_\_  
(Signature of adult resident)

\_\_\_\_\_  
(Date)

## INSTALLER, PLEASE COMPLETE THE FOLLOWING:

### Smoke Alarm information:

- Number of working/adequate alarms already present \_\_\_\_\_
- Non-working alarm present due to:  
 No batteries  Outdated  Malfunctioning  
 Other \_\_\_\_\_
- Number of alarms installed \_\_\_\_\_
- Where were the alarm(s) installed in the home?  
 Sleeping Room  Hallway  Other \_\_\_\_\_

GPS Coordinates \_\_\_\_\_

Fire District \_\_\_\_\_

Installed By \_\_\_\_\_

Fire Chief \_\_\_\_\_