

Smoke Alarm Installation Application

Aliceville Fire-Rescue Department

Resident Name _____ Intouch Alarm _____ Vision 20/20 Alarm _____

Street Address _____ City _____ ST _____

ZIP Code _____ County _____ Telephone (____) _____

If not installed by the resident provide employee name _____ and
associated fire department _____

***** NUMBER OF ALARMS INSTALLED _____ *****

WHERE WAS ALARM INSTALLED: (ENTER AMOUNT)

BEDROOM _____ HALLWAY _____ LAUNDRY _____ BASEMENT _____ OTHER _____

• HOME IS: (CIRCLE ON) SINGLE FAMILY DWELLING MOBILE HOME OTHER _____

• HOW MANY LEVELS ARE IN THE HOME? (CIRCLE ONE) 1 2 3 4

• HOW MANY PEOPLE WHO LIVE IN YOUR HOME ARE: ENTER A NUMBER BELOW

LESS THAN 20 YRS OLD ____ 20 TO 65 YRS OLD ____ OVER 65 YRS OLD ____ DISABLED ____

• NUMBER OF WORKING ALARMS ALREADY PRESENT _____

TYPE: (CIRCLE ONE) HARDWIRED BATTERY COMBINATION

• NON-WORKING ALARMS PRESENT DUE TO: (CIRCLE ALL THAT APPLY)

DEAD BATTERIES NO BATTERIES OUTDATED MALFUNCTIONING

RESIDENT MUST READ AND SIGN THE FOLLOWING LIABILITY WAIVER

I understand and agree that the 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 Fire Department does not guarantee or endorse this brand of smoke detector. I also understand that the Fire Department 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 Fire Department or any individual employee or volunteer with the Fire Department 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: _____