Smoke Alarm Installation Application

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 Madison Fire & Rescue 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 Madison Fire & Rescue does not guarantee or endorse this brand of smoke detector. I also understand that Madison Fire & Rescue 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 City of Madison or any individual employee or volunteer with Madison Fire & Rescue 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 ☐ Malfunctioning
  ☐ Outdated Other
- **Number of Batteries Installed**
- **Number of alarms installed**
- **Where were the alarm(s) installed in the home?**
  Sleeping Room Hallway Other

Fire District

Installed By:

Fire Chief-