



FREE SMOKE ALARM APPLICATION

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Total Number Occupants in home: _____
Number Occupants over 60 years: _____
Number Occupants under 8 years: _____
Number Occupants Disabled: _____
Number Occupants Hearing Impaired: _____

Number of Batteries Installed: _____

Number of Smoke Alarms Installed: _____

FIRE SAFETY DISCUSSION:

Completed:

1. SMOKE ALARMS – test monthly _____
2. PLAN TWO (2) WAYS OUT OF EVERY ROOM _____
3. PRACTICE A FIRE DRILL TWICE A YEAR _____
4. INCASE OF FIRE: GET OUT; DO NOT GO BACK IN;
GO TO MEETING PLACE, CALL 911 _____

I agree that I will not bring any claim against the Heart of America Metro Fire Chiefs Council, its employees/agents for any damages resulting from the use of this smoke alarm. Further I will indemnify and hold harmless the Southern Platte Fire Protection District its employees/agents in the event any claim is brought by me or on my behalf by any member of my family for any damages resulting from the use of this smoke alarm. This agreement is binding on my heirs, successors or assigns.

I understand and agree that the fire safety equipment provided by the Southern Platte Fire Protection District is done as a public service in the interest of health and safety and that the Southern Platte Fire Protection District is not a dealer in fire safety equipment nor is it an agent for any manufacturer or distributor of such equipment.

Officer in Charge

Received by

Date