



# Smoke Alarm Installation

Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Where in the house was the smoke alarm installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Manufacturer of smoke alarm: \_\_\_\_\_

Model of smoke alarm: \_\_\_\_\_

Tested after installation: \_\_\_\_\_

Initials: \_\_\_\_\_

Installed following manufacturer's specifications: \_\_\_\_\_

Initials: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Installer: \_\_\_\_\_

By signing this document, I agree that I have requested that one or more smoke alarms be installed in my residence and that I, my heirs and legal agents, do hereby release all agencies, organizations, institutions or individuals from any and all liability for damages, injury or casualty of any sort whatsoever involving my residence, my property, myself or any other person. I understand that any deficiencies with the smoke alarm shall be handled with manufacture of the smoke alarm.

Signature of Person Receiving the Smoke Alarm: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE FIRE AND RESCUE OFFICE**