



Camp Verde Fire District Smoke Alarm Application

Please print all information clearly and return to 26 B Salt Mine Rd or Fax to 567-2444.

Type of Alarm

- Lithium/Dual Sensor
- Battery Only

Installation Status

- Installed
- Not Installed

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

1. Do you own or rent your home? Own Rent
2. What type of home? House Apartment Duplex Mobile Other (Specify) _____
3. How many levels with living areas are in your home? 1 2 3 or more
4. How many people who live in your home are under 5 years old? _____ Over 64 years old? _____
5. How many smokers live in the home? _____
6. Do you already have a working smoke alarm in your home? Yes No
7. How did you find out about our program?
 - Door to Door Canvassing
 - Call to Camp Verde Fire District
 - Prevalence Survey
 - Follow-up Survey
 - Other (specify) _____
8. Number of smoke alarms installed: _____

Agreement/Release of Liability

I will not hold Camp Verde Fire District volunteer subsidiaries or employees thereof liable for injury to persons arising out of the installation, use, malfunction, or removal of the smoke alarm. Further, I agree that I will not bring any claim against sponsors, employees or volunteers, and hold them harmless and release them from all claims, actions, damages, and liability resulting from the use or malfunction of this smoke alarm. Further, I understand that the smoke alarm provided by this program is done for public safety and the sponsors or installers are not dealers of this type of goods, and make no warranty on the smoke alarm. I agree to allow program representatives to inspect and verify the function of the alarm at a later date, if they desire.

Signed _____ Date _____

Program Representative _____ Title _____

Installation Application

Installed by: _____ Representing: _____

Install/Appointment Date and Time: _____