

# GARRETT FIRE DEPARTMENT SMOKE DETECTOR INSTALLATION FORM



Owners Name: \_\_\_\_\_

Occupants Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

For and in consideration of assistance in the installation of a fire detection device or system in my/our residence or apartment by the Garrett Fire Department, the undersigned hereby releases the City of Garrett, the Garrett Fire Department, their agents, officers, employees, and volunteers from any and all claims for damages, loss or costs of any kind or character arising out of, in connection with , or in relation to the installation, location, or malfunction of the fire detection device or system.

The undersigned certifies that he/she is the owner of the property in which the device or system is installed or is duly authorized on behalf of the owner to execute this release.

Owners Signature: \_\_\_\_\_

Firefighters Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Detector Serial #: \_\_\_\_\_

Number of Detectors Installed: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Make Checks Payable To: City of Garrett Smoke Detector Fund

Contacted: \_\_\_\_\_ Firefighter Initials: \_\_\_\_\_

Contacted: \_\_\_\_\_ Firefighter Initials: \_\_\_\_\_

Contacted: \_\_\_\_\_ Firefighter Initials: \_\_\_\_\_