



# Conway Fire Rescue SMOKE DETECTOR REQUEST FORM

## Hold Harmless Agreement

For the purpose of promoting the use of smoke alarms to reduce fire related injuries and deaths, it is hereby agreed between \_\_\_\_\_ (hereinafter called the Client) and the City of Conway Fire Rescue Department. (hereinafter called the Department) as follows:

### The Department Agrees:

- To provide a smoke alarm, which has been tested and determined to be functioning, to the client.
- To coordinate the installation of the smoke alarm.
- To conduct a follow up by phone call and/or home visit at least six months after the client receives the alarm to determine presence and functioning of the smoke alarm.
- To provide information concerning fire safety and smoke alarm malfunctions.

### The Client Agrees:

- To allow for the installation of the smoke alarm by the Department or individuals working in partnership with the Department.
- To allow program staff to conduct smoke alarm presence and functioning follow-up when applicable.
- To keep working batteries installed in the smoke alarm at all times.
- To inform the program of any fires that occur in the home and the usefulness of the smoke alarm.
- To allow information to be included in a database.

### Both parties understand:

- The Department does not assume responsibility for any injuries caused in the event of a home fire after a functioning smoke alarm has been installed.
- The smoke alarm does not ensure that no smoke or fire damage will occur to the Client's home or that there will be no injuries from smoke or fire.

Person Making Referral	Date	Client Signature	Date
USE SPACE BELOW FOR DIRECTIONS TO RESIDENCE:		Street Address	
		City, State and Zip Code	
		Phone Number (if no phone, print NONE)	

**NOTE:** Please allow 3-5 days after request for installation to occur.

**FOR FIRE RESCUE PERSONAL ONLY**

Installed By: Conway Fire Rescue

Installed By: Resident

Individual Installing Smoke Alarm: \_\_\_\_\_

Number of Smoke Alarms Installed \_\_\_\_\_ Number of Batteries Installed \_\_\_\_\_

Number of Individuals Living In Home \_\_\_\_\_ # Adults \_\_\_\_\_ # Children \_\_\_\_\_