

City of Columbia Fire Department

Smoke Alarm Request

Please print all information clearly.

Name: _____ Home Phone: _____

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

1. Do you own or rent your home? Own Rent
2. What type of home? House Apartment Duplex Mobile home other (specify) _____
3. How many levels with living areas in your home? 1 2 3 or more
4. How many people 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. When was your home built? _____
8. How did you find out about this giveaway?
 - Door to door giveaway
 - Call to fire dept.
 - Prevalence survey
 - Newspaper or TV news
 - Follow up survey
 - Other (specify)

Agreement/Release of Liability

In consideration of the free smoke alarm I hereby release the City of Columbia, and all of its agents and employees for any real or personal property damage and/or any injury or death of any persons arising out of the installation, use, malfunction, or removal of the smoke alarm. Further, I understand that the smoke alarm provided by this department is done for public safety and the sponsors or installers are not dealers of this type of goods and make no warrant 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: _____

Fire Department Representative _____ Date: _____

Numbers of smoke alarms given: _____

Battery type alkaline 9 volt 10 year lithium

Alarm date of manufacture: _____