



Conway Fire Rescue
Smoke Alarm 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 Department. (Hereinafter called the Department) as follows:

The Department Agrees:

- To provide a maximum of 2 smoke alarms, per residence, which have been tested and determined to be functioning, to the client.
- To coordinate the installation 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 keep working batteries installed in the smoke alarm at all times.
- To inform the program of any fires that occurs 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

Street Address

City, State and Zip Code

Phone Number (if no phone, print NONE)

OFFICE PERSONNEL ONLY

Individual Installing Smoke Alarm: _____

Number of Smoke Alarms Installed _____ Number of Batteries Installed _____

Number of Individuals Living In Home _____ # Adults _____ # Children _____

| | Date | Time | Method | Incident # | CF |
|-----------------|-------|-------|--------|------------|-------|
| First Attempt: | _____ | _____ | _____ | _____ | _____ |
| Second Attempt: | _____ | _____ | _____ | _____ | _____ |
| Third Attempt: | _____ | _____ | _____ | _____ | _____ |

Unable to Contact: _____