



TOLEDO FIRE & RESCUE DEPARTMENT

Smoke Alarm Distribution Form

(Please Print Information)

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____ Phone _____

Do you presently have smoke alarms in your home? YES NO

If yes, how many smoke alarms _____, and do they work? YES NO DON'T KNOW

How many stories are in your home? (Include basements and attics that are used as living space) _____

Ages of those living in your home. Ages: _____

Do you rent or own your home? RENT OWN OTHER

If renting, must provide landlords name, address, and phone number, and copy of lease agreement.

Name: _____

Address: _____ City _____ Zip Code _____

Phone: _____

Release of Liability

I have been given _____ free smoke alarm(s).

I have been given _____ free battery(s).

I will not hold the State of Ohio, the City of Toledo, or their employees or volunteers responsible or liable for injury or death to persons or damage to property arising out of the installation, use, malfunction, or removal of the smoke alarm(s).

Further, I agree that I will not bring any claim against State or City sponsors, employees, or volunteers, and will hold them harmless and release them from all claims, actions, damages, and liability resulting from installation, use, or malfunction of the smoke alarm(s).

Further, I understand that the provision of smoke alarms by this program is done for public safety and the sponsors or installers are not dealers of this type of product, and make no warranty on the smoke alarms. I agree to allow program representatives to inspect and verify the function of the alarms at a later date if they desire.

Signature _____ Date _____

Station/Bureau Distributing Smoke Alarms: _____ Quantity: _____

RETURN COMPLETED FORM TO THE FIRE PREVENTION BUREAU