



SMOKE ALARM APPLICATION AND INSTALLATION FORM

Recipient Name: _____ Date Form Completed: _____

Home Address: _____ Bldg. Number: _____ Apt. Number: _____

City: _____ Zip: _____ Parish: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Alternate Contact Name: _____ Phone: (_____) _____

Number of adults in this home: _____ Number of children in this home: _____ Senior Citizens: ()Y ()N

FOR OFFICIAL USE ONLY AT THE TIME OF INSTALLATION

Fire Department or Agency Name: _____

(Fire Department MUST include FDID#) OSFM: ()BR ()LAF ()LC ()NO ()SHR ()MON ()ALEX

Date of Installation: _____ Number of units installed at this location: _____

Name of Installer: _____ Signature of Installer: _____

I release all agencies and their representatives from any and all liability, claims or actions that may arise from injury or harm to myself, my dependent(s) or damage to my property, in connection with the installation of this smoke alarm.

After installation, it shall be the responsibility of the recipient to maintain the smoke alarm. The recipient understands that the State of Louisiana, the Louisiana Office of State Fire Marshal, the installer and the local fire department are not responsible for proper operation of these smoke alarms. The building owner and/or tenant is responsible for keeping the smoke alarm in proper operating condition, which includes periodic testing and regular replacement of the unit as recommended by the manufacturer.

Grant Recipient Signature: _____ Date: _____

This form must be returned to the address listed below

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Office of State Fire Marshal

8181 Independence Blvd

Baton Rouge, LA. 70806

ATTN: Operation Save-A-Life

Phone: 225-925-4911 • Toll Free: 1-800-256-5452

www.lasfm.org