



Robbinsville Division of Fire Carbon Monoxide Detector Request Form

FIRE DEPARTMENT INSTALLATION

Please fill out the following information COMPLETELY:

Name: _____

Address: _____

Home Phone: _____

Daytime Phone Number: _____

Number of Floors: _____

Approximate Square Footage: _____

Basement? Yes No

Number of Residents in Household: _____

Date / Time Available: _____

I/We acknowledge instruction on the proper installation, use, and operation of the Carbon Monoxide detector has been given.

I/We understand that the service provided is done as a public service in the interest of public safety.

I/We agree to hold harmless the sponsoring organizations from all liability and damages for injury or death from misuse or neglect.

Resident Signature _____

***Carbon Monoxide detectors and batteries funded through grant funds secured by the Robbinsville Division of Fire*

Return to: ROBBINSVILLE DIVISION OF FIRE

1149 ROUTE 130

ROBBINSVILLE, NJ 08691

609-259-7814

Fax: - 609-259-3869

To be completed by Engine Company and from returned to Fire Prevention.

Installed by: _____ Shift: _____ Date: ____/____/____

Location(s) in home: _____

Number of detectors installed: _____

Check detector(s) operation: YES NO

Replaced batteries / Tested existing detectors YES NO

Installation satisfies manufacturer guidelines YES NO