



Robbinsville Division of Fire **Carbon Monoxide Detector** **Request Form**

PICK UP / SELF 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: _____

Number of Detectors Requested: _____

RESIDENT AGREES TO SELF-INSTALL DETECTORS IN RESIDENCE UPON INSTRUCTION ON PROPER INSTALLATION.

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*

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

Distributed by: _____

Date: ____/____/____

Shift: _____

Number of detectors distributed: _____