



# Robbinsville Division of Fire Home Smoke 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 smoke 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** \_\_\_\_\_

*\*\*Smoke 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