Smoke Detector Installation Form

City of Sharon
Registration Date __________
Department of Public Safety
155 W Connelly Boulevard
Sharon, PA 16146

Smoke Detector Installation Program

Resident's Name ___________________________________________ Own? Y __ N __
Street Address ____________________________________________
City, Zip Code ___________________________ Home Phone ___________________________
Cell Phone ____________________________________________

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Fire Department Use Only

Scheduled Date ______________ Scheduled Time _______________________

Assigned Personnel ____________________________________________

Delivery Date ______________ Actual Time _________________________

Assigned Personnel ____________________________________________

Resident On Site _____________________________________________

Number of Smoke Detectors Installed: _____________________________

Locations: __________________________________________________

Comments: _________________________________________________
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Sharon Fire Department Smoke Detector Release Agreement

I/we in my/our own right and being authorized and empowered to do so, do hereby release and forever discharge the City of Sharon its officials, employees and agents, and do hereby agree to indemnify, hold harmless, and defend the City of Sharon, its officials, employees and agents of, for, and from any and all claims, demands, damages, causes of action, and/or suits of any kind, known or unknown that arise or may arise as a result of the installation and use of smoke detectors through the smoke detector installation program.

I am 18 years or older. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Print Name ________________________________  Print Name ________________________________
Signature ________________________________  Signature ________________________________
Address ________________________________  Address ________________________________
Date ________________________________  Date ________________________________