

## **Save A Life in the Town of Bethel!**

According to Town of Bethel Supervisor, Daniel Sturm, “Smoke Detectors and Carbon Monoxide Detectors save lives. Seems like common sense? Still every year, fire and carbon monoxide continue to claim thousands of American lives in homes without working alarms. It is time to wake up. Thanks to a unique partnership between concerned local citizens, local fire departments, the American Red Cross and the Bethel Local Development Corp, we are doing just that!”

The **Save A Life** program will install smoke and CO detectors in homes throughout the Town of Bethel. All citizens have to do is fill out the application to have a one-time installation of these life-saving devices at no charge.

Research by the National Fire Protection Association (NFPA) indicates that while 94% of American homes have at least one smoke alarm, more than 1/3 are inoperable because of dead or missing batteries. Nearly 1/2 of our nation’s fire deaths occur in the 6% of homes with no smoke alarms at all. Home fires outnumber other building fires by more than three to one. The majority of fires occur in the home while you are sleeping.

Each year hundreds of people experience what they think are the symptoms of flu: headaches, fatigue, nausea, and dizziness. These are actually symptoms of Carbon Monoxide (CO) poisoning. Carbon monoxide is sometimes called the “silent killer” because it can take your life without warning. Since most home fires happen at night, people often don’t wake up because CO puts them into a deeper sleep.

The **Save A Life** program is funded in-part by donations from the Bethel “Posse”, a group of concerned citizens who continue to raise funds for worthy causes that benefit the community. The American Red Cross will provide equipment and install smoke and CO detectors in homes at no cost to the applicant. Local Fire Departments are committed to training and education for this program. Finally, the Bethel Local Development Corp. (BLDC) will accept donations and administer the program. There are no tax dollars funding this program.

To apply please fill out an application.

**Town of Bethel Citizens  
Save Your Life Program  
Application**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address, if different than above** \_\_\_\_\_

\_\_\_\_\_

**House Phone No.** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_

**Type of Housing:**

**Homeowner**       **Renter Private House**       **Renter Apartment Complex**

**I live with someone and share expenses**       **I rent a room**

**If you rent, name of Landlord** \_\_\_\_\_

**Address of Landlord:** \_\_\_\_\_

**Phone Number of Landlord:** \_\_\_\_\_

I swear/or affirm that the information given on this application is true and correct. I realize that any false statements or other misrepresentation knowingly made by me in connection with this application for assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statement or representation knowingly made by me for the purposes of obtaining assistance under this program may result in action against me which may subject me to Civil and or Criminal penalties. I understand by signing this application/certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any Authorized Government Agency in connection with this request for Save Your Life Assistance.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

For more information on the Save Your Life Program  
Call BLDC Chairman Daniel Sturm  
At (845) 583-4350 ext. 102

**Town of Bethel Citizens  
Save Your Life Program**

**Office Use Only:**

**Proof of Residency Attached:** \_\_\_\_\_

**Application Signed:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Date Application Received:** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approving BLDC Signatures:**

**BLDC Chairman** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BLDC Manager** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Carbon Monoxide Detector:** \_\_\_\_\_ **Smoke Detector:** \_\_\_\_\_

**Person to install:** \_\_\_\_\_ **Date:** \_\_\_\_\_