



**NORTHERN ARIZONA CONSOLIDATED FIRE DISTRICT #1**

**SMOKE DETECTOR APPLICATION  
AND RELEASE FORM**

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**SMOKE DETECTOR APPLICATION**

*PERSON REQUESTING DETECTOR*

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Appointment Date \_\_\_\_\_ AM (8 – 12) PM ( 1 – 5)

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**RELEASE OF LIABILITY**

I understand and agree that the Northern Arizona Fire District #1 (NACFD1) is providing free smoke detectors as a public service in the interest of promoting public welfare and safety and that NACFD1 is not a seller, manufacturer, or dealer of smoke detectors, and does not guarantee, certify, or endorse this or any other brand of smoke detector.

I verify that the new smoke detector is in working condition at this time and that I have received a copy of the owner's manual. I understand and accept the responsibility for inspecting and maintaining the smoke detector in accordance with the manufacturer's instructions, including checking each alarm unit monthly for proper operation. I further understand that in order for a smoke detector to be effective, I need to replace and install the battery as specified by the manufacturer. As the owner, I am responsible for providing the batteries and any other necessary maintenance.

I understand that smoke detectors must be installed in accordance with the manufacturer's recommendations.

In exchange for accepting a free smoke detector I do hereby release and discharge NACFD1 and its officers, agents, and employees from any and all actions, causes of action, claims, demands, damages, costs, or losses arising from the use of said smoke detector. Therefore, I agree not to make any demand or claim or file any lawsuit against NACFD1 or its officers, agents, and employees in connection with this smoke detector program.

I have read and understood the above provisions. The terms and provisions of this application and release are binding on me, my legal representatives, and all of my successors, assignees, heirs, and estate.

Date \_\_\_\_\_

\_\_\_\_\_  
Recipient's Printed Name

\_\_\_\_\_  
Recipient's Signature

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*For NACFD#1 use only*

Person taking call or request \_\_\_\_\_

Approved by \_\_\_\_\_

Assigned to \_\_\_\_\_

Date of Installation \_\_\_\_\_