



# ALARM INSTALLATION/AGREEMENT FORM

## MUNSTER FIRE DEPARTMENT

*This Munster Fire Department's alarm distribution initiative was made possible by a grant from the Rotary Club of Munster.*



To receive a Smoke/CO alarm, or hearing-impaired alarm please complete this form as accurately as possible. Applicants should reside with Munster city limits. This form is required before the alarm(s) can be installed. After completion and receipt of this form, Munster Fire Dept will contact you to coordinate an installation time.

Please drop off or mail to Munster FD Station 2 at 550 Fisher St or email to [jrebey@munster.org](mailto:jrebey@munster.org)

Date: \_\_\_\_\_ Resident's Name: \_\_\_\_\_

Resident's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you own & live at the residence: Yes \_\_\_ No \_\_\_

Number of levels in the residence: \_\_\_\_\_ (This grant is exclusively for homeowners, no rental properties)

Number of persons living in residence: \_\_\_\_\_ Children \_\_\_\_\_ Adults \_\_\_\_\_ Deaf \_\_\_\_\_ Hearing Impaired

Number of working alarms currently installed: \_\_\_\_\_ Smoke \_\_\_\_\_ CO \_\_\_\_\_ Hearing Impaired

I am requesting: \_\_\_\_\_ Smoke/CO alarm(s) \_\_\_\_\_ Hearing Impaired alarm(s)

### Waiver of Liability

In consideration for voluntarily providing an alarm for my residence, I, for myself, my heirs, executors, administrators, or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational participants involved in this program, including but not limited to the Town of Munster, the Munster Fire Department, and the officers, agents or employees growing out of or resulting from the failure of the alarms and/or batteries, and I further agree to hold harmless any and all organizational and individual participants in this program from and against all damages of any kind, to persons or property, growing out of or resulting from the failure of such alarms and/or batteries in the residence.

I acknowledge my understanding of all the contents of this document and am in full compliance with all its requirements. I also agree to maintain and test the alarm(s) as instructed by the manufacturer.

Signature: \_\_\_\_\_ Date Alarm(s) Installed: \_\_\_\_\_

MFD Installers Signature: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Alarms Installed: \_\_\_\_\_ Smoke/CO Alarm(s) \_\_\_\_\_ Hearing Impaired