

City of Mena Fire Department

Smoke Alarm Application

Name: _____ Telephone _____

Address: _____ City _____ ZIP _____

1. Do you own or rent your home? _____
2. What type of home? _House _Apartment _Duplex _Mobile home _Other (specify) _____
3. How many levels with living areas are in your home? ___1 ___2 ___3 or more
4. How many people who live in your home are under 5 years old? ____ Over 64 years old? ____
5. How many people live in your home? _____
6. How many smokers live in your home? _____
7. Do you already have a working smoke alarm in your home? _____ _ How old are they? ____yrs.
8. What is the age of the homeowner? _____ Male____ Female____
9. Household Income _____
10. How many people in the home are disabled? _____
11. How many people in the home are hearing impaired? _____
12. How many people in the home are visually impaired? _____
13. How did you hear about this program? _____

Agreement/Release of Liability

The applicant hereby releases the City of Mena Fire Department and its employees of any and all claims, actions, damages, and liability pertaining to the performance of the smoke alarm in the event the smoke alarm fails to perform properly during a fire or related occurrences. The applicant also agrees to release the City of Mena Fire Department and its employees of any and all claims, actions, and liability pertaining to damage that may result during the installation of the smoke alarm. The applicant will also allow the City of Mena Fire Department and its employees to install the smoke alarm and to inspect and perform any necessary maintenance at no charge to the applicant. Further, I understand that the smoke alarm provided by this program is done for public safety and the sponsors or installers are not dealers of this type of goods, and make no warranty on the smoke alarm. I agree to allow program representatives to inspect and verify the function of the alarm at a later date, if they desire.

Signed _____ Date ____ / ____ / ____

The Mena Fire Department will contact you upon approval of this application to arrange a date and time for installation. Return completed application to:

Mena Fire Department
603 Dequeen St.
Mena, AR 71953