



**Chatham
Emergency
Services**

1399 Dean Forest Road
Savannah, GA 31405
912-354-1011

**SMOKE ALARMS FOR EVERYONE PROGRAM
REQUEST FOR THE INSTALLATION OF SMOKE ALARMS**

Name of Resident: _____

Address for Installation: _____

City: _____ Zip Code: _____

Telephone: _____ Cell ___ Home ___ Work

Best Time to Call: _____ AM / PM Email _____

Number of Devices Requested _____ Max of 2

CO Detector _____ Battery change only _____

Today's Date _____ Information gathered by _____ Date _____

Special Instructions:

RECEIVED BY AT STATION: _____ DATE _____



**Smoke Alarm Program
Release from Liability Form**

I understand and agree that the Chatham Emergency Services is providing me a smoke detector as a public service in the interest of encouraging safety and helping to prevent loss of life in fires. I understand that the Chatham Emergency Services, their agents, affiliates, partners, board members or representatives do not guarantee or endorse this brand of smoke detector. I also understand that the program is not a seller, manufacturer, or dealer in smoke detectors.

In exchange for accepting the smoke detector, I agree not to make a claim or demand or to file any lawsuit against Chatham Emergency Services, or their agents, affiliates, partners or any representatives or board members for any injuries, damages, costs, or expenses claimed to have resulted from the Smoke Detector Program, the smoke detectors provided, the installation of the smoke detectors, or the failure or malfunctioning operation of the smoke detectors and I hereby release and discharge Chatham Emergency Services, their agents, affiliates, partners, board members and representatives for any such claims. **IT IS MY INTENTION THAT THIS RELEASE SHALL EXTEND TO INJURIES AND/OR DAMAGES CAUSED BY THE SOUTHSIDE FIRE/EMS/SECURITY, THEIR AGENTS, AFFILIATES, PARTNERS OR REPRESENTATIVES SOLE OR JOINT NEGLIGENCE, GROSS NEGLIGENCE, OR RECKLESS CONDUCT.** I further understand that for the smoke detector to be effective, I must replace the batteries on a regular basis (at least once per year) it is suggested to change each year with the time change and that the batteries must be installed correctly. This release from liability is binding on me and my family and all my heirs and successors.

OCCUPANT INFORMATION

Please print:

Name _____

Address _____

City _____

Zip Code _____

Occupant Signature _____

Firefighter (print) _____ SHIFT: _____ Date _____

Signature (FF) _____

NUMBER OF DETECTORS INSTALLED _____ Max of Two per Residence

NUMBER OF BATTERIES CHANGED _____

CO DETECTOR _____



**HOMEOWNER INFORMATION:
(If different from occupant)**

Please print:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

**I HAVE BEEN OFFERED INSTALLATION OF A SMOKE DETECTOR BY CHATHAM
EMERGENCY SERVICES, BUT I AM DECLINING AT THIS TIME.**

Signature **Date** _____

Witness **Date** _____

Please keep a copy for the station files and return the original to the office for CES records.