



# Installation Form

Office of the State Fire Marshal

(PLEASE PRINT)

Resident Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

How many people who live in your home are:

less than 5 years old \_\_\_\_\_ over 65 years old \_\_\_\_\_ have a disability \_\_\_\_\_

**Resident MUST read and sign the following liability waiver**

*I understand and agree that the State of Kansas or any Kansas Fire Department is providing smoke alarms and installing them as a public service in the interest of encouraging fire safety and helping to prevent the loss of life and property. I understand that the State of Kansas or any designated Kansas Fire Department does not guarantee or endorse this brand of smoke detector. I also understand that the State of Kansas or any designated Kansas Fire Department is not a seller, manufacturer, or dealer in smoke alarms. In exchange for accepting the free smoke alarm and its installation I agree not to make any claim or demand or to file any lawsuit against the State of Kansas or any designated Kansas Fire Department or any individual employee or volunteer with the State of Kansas involved in the "State Fire Marshal Smoke Alarm Installation Program", for any injuries, deaths, damages, costs or expenses claimed to have resulted from the smoke detector, battery, installment or from the instructions for maintenance and safety given at the time of installation. I hereby waive any cause of action that I may have now or in the future or that anyone else may have by or through me, arising out of the malfunctioning of the smoke alarm or batteries, whether or not used in accordance with the manufacturer's instructions. I further understand for these smoke alarms to be effective, the alarm will need to be checked monthly. This release from liability is binding on me and my family and all my heirs, successors, and assigns.*

\_\_\_\_\_  
(Signature of adult resident)

\_\_\_\_\_  
(Date)

**INSTALLER, PLEASE COMPLETE THE FOLLOWING:**

**Smoke Alarm Information:**

- Number of working/adequate alarms already present \_\_\_\_\_
- Non-working alarm present due to:
  - No batteries
  - Outdated
  - Malfunctioning
  - Other \_\_\_\_\_
- Number of alarms installed \_\_\_\_\_
- Alarm Type:
  - DHH Alarm, Strobe
  - DHH Alarm, Shaker
  - Combo Smoke/CO Alarm
- Where were the alarm(s) installed in the home?
  - Sleeping Room
  - Hallway
  - Other

Name \_\_\_\_\_

Fire Dept/Agency \_\_\_\_\_

FDID \_\_\_\_\_

Dept. Phone (\_\_\_\_) \_\_\_\_\_

**COPY & RETURN TO**  
[kelly.ingold@ks.gov](mailto:kelly.ingold@ks.gov)  
or Fax # 785-296-0151