



# Installation Form

Kansas Office of the State Fire Marshal

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

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

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Number of individuals living in home:**

**under** 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/or carbon monoxide 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 these brands of devices. I also understand that the State of Kansas or any designated Kansas Fire Department is not a seller, manufacturer or dealer in these devices. In exchange for accepting the free device(s) and their 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 device(s), battery, installment or from the instructions for maintenance and safety given at the time of installation.*

*By signing or typing my name below, 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 device(s) or batteries, whether or not used in accordance with the manufacturer's instructions. I further understand for these devices to be effective, they will need to be checked monthly. This release from liability is binding on me and my family and all my heirs, successors and assigns.*

\_\_\_\_\_  
(Name or signature of adult resident)

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

**INSTALLER, PLEASE COMPLETE THE FOLLOWING:**

**Resident's current smoke alarms**

Number of working smoke alarms \_\_\_\_\_  
Number of non-working smoke alarms due to:  
\_\_\_\_\_ No batteries \_\_\_\_\_ Outdated \_\_\_\_\_ Malfunctioning  
\_\_\_\_\_ Other: \_\_\_\_\_

**Number of devices installed**

\_\_\_\_\_ Smoke/CO Combo Alarm  
\_\_\_\_\_ Plug-In CO Alarm  
\_\_\_\_\_ DHH Bedside Shaker

**Where were device(s) installed in 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

**Submit** Email to Kelly

Download the PDF form to email it as an attachment