



Smoke/CO Alarm Order Form

Please return to OSFM, kelly.ingold@ks.gov or fax (785) 296-0151

Date _____

REQUESTOR INFORMATION

Fire Dept./Org. _____ FDID _____

Contact _____ Phone (____) _____

Street Address _____

City _____ County _____ Zip _____

Email Address _____

SHIPPING ADDRESS (if different from above)

Contact Name _____

Street Address _____

City _____ State KS Zip _____

ORDER INFORMATION

How many smoke/CO combo alarms are you requesting? _____

How many CO alarms are you requesting? (While supplies last) _____

How many smoke alarm brochures are you requesting? _____

AGREEMENT

By requesting smoke alarms through the Get Alarmed Kansas free smoke alarm installation program by the Office of the State Fire Marshal, I agree to the following:

- We will install smoke alarms at each location they are given away (and not hand them out to be installed by homeowners).
- We will educate the homeowners on smoke alarm maintenance and fire escape planning.
- We will submit the installation/liability forms to the OSFM after installation.
- We will distribute free smoke alarms to homeowners only and not landlords or businesses.

Our organization agrees to the above terms in order to receive free smoke alarms through the OSFM *Get Alarmed Kansas* program.