



# Smoke Alarm Order Form

Please return to OSFM, [kelly.ingold@ks.gov](mailto: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 alarms are you requesting? \_\_\_\_\_

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.