

BARTLESVILLE FIRE DEPARTMENT
Protecting Our Community by Providing Exceptional Service



**BARTLESVILLE FIRE DEPARTMENT
SMOKE ALARM APPLICATION**

Please print all information clearly.

Name: _____

Address: _____

City: **Bartlesville** Zip Code: _____ Phone: (_____) _____ - _____

E-Mail: _____

1. Do you own or rent your dwelling? Own: _____ Rent: _____

2. What type of dwelling? House: _____ Apartment: _____ Duplex: _____ Mobile Home: _____ Other: _____

3. How many levels? (Basement, 1st floor, 2nd floor, Split Level) with living areas are in your home? _____

4. How many smoke alarms installed today? _____

5. Do you have an escape plan in the event of a fire? _____

AGREEMENT/RELEASE OF LIABILITY:

I am a resident of the dwelling at the address above. I will not hold the City of Bartlesville, Bartlesville Fire Department, or employees thereof liable for injury to persons arising out of the installation, use, malfunction, or removal of the smoke alarm. Further, I agree that I will not bring any claim against installers, employees, or volunteers, and hold them harmless and release them from all claims, actions, damages, and liability resulting from the use or malfunction of this smoke alarm. Further, I understand that the smoke alarm provided by this safety program is provided for public safety, and the fire department is not dealers of this type of goods and makes no warranty on the smoke alarm.

Please return form to: Attn: Brady Watson, 601 S. Johnstone Ave, Bartlesville, OK 74003 or email at: abwatson@cityofbartlesville.org

Resident Name (Print): _____

Resident Signature: _____ Date: _____

Fire Department Personnel: _____ Shift: _____ Station # _____