



**Polk County Fire Marshal's Office
Application for Smoke Detector**



Name: _____ Address: _____

Phone: _____

Home Owner Yes NO

Appointment Date: _____ Time: _____

Number of smoke detectors installed _____ Batteries distributed _____

**Polk County Fire Marshal's Office
Smoke Alarm Liability Release Form**

I understand and agree that the Polk County Fire Marshal's Office is providing free smoke alarms as a public service in the interest of promoting safety and that the Polk County Fire Marshal's Office is not a seller, manufacturer, or dealer of smoke alarms, and does not warranty, guarantee, certify, or endorse this or any other brand of smoke alarm.

I verify that the new smoke alarm(s) is in working condition at this time and that I have received and read a copy of the manufacturer's owner's manual. I understand and accept the responsibility for inspecting and maintaining the smoke alarms in accordance with manufacturer's instructions, including checking each alarm unit monthly for proper operation. I further understand that in order for the smoke alarm(s) to be effective, I need to replace and install the battery as specified by the manufacturer. As the owner, I am responsible for providing the batteries and any other necessary maintenance.

In exchange for accepting free smoke alarm(s), I do hereby release and discharge the County of Polk, Texas and the Polk County Fire Marshal's Office and its officers, agents, employees, volunteer installers, and volunteer fire departments from any and all actions, causes of action, claims, demands, damages, costs, or losses arising from the use of said smoke alarm. Therefore, I agree not to make any demand or claim or file any lawsuit against Polk County Texas, or the Polk County Fire Marshal's Office and its officers, agents, employees, volunteer installers, and volunteer fire departments in connection with this smoke alarm/home assessment program.

I have read and understood the above provisions. The terms and provisions of this questionnaire and release are binding on me, my legal representatives, and all of my successors, assignees, heirs, and estate.

Date Recipient's Signature Witness Signature

VFD installing smoke detector(s): _____

Volunteer Installing: _____