

Smoke Detector Installation Form



City of Sharon
Pittsburgh

DEPARTMENT OF PUBLIC SAFETY
BUREAU OF FIRE
155 CONNELLY BOULEVARD

Sharon Fire Department
155 W Connelly Boulevard
Sharon, PA 16146

Registration Date _____

Smoke Detector Installation Program

Resident's Name _____

Own? Y ___ N ___

Street Address _____

City, Zip Code _____ Home Phone _____

Cell Phone _____

Fire Department Use Only

Scheduled Date _____ Scheduled Time _____

Assigned Personnel _____

Delivery Date _____ Actual Time _____

Assigned Personnel _____

Resident On Site _____

Number of Smoke Detectors Installed: _____

Locations: _____

Comments: _____

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Sharon Fire Department Smoke Detector Release Agreement

I/we in my/our own right and being authorized and empowered to do so, do hereby release and forever discharge the City of Sharon its officials, employees and agents, and do hereby agree to indemnify, hold harmless, and defend the City of Sharon, its officials, employees and agents of, for, and from any and all claims, demands, damages, causes of action, and/or suits of any kind, known or unknown that arise or may arise as a result of the installation and use of smoke detectors through the smoke detector installation program.

I am 18 years or older. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Print Name _____	Print Name _____
Signature _____	Signature _____
Address _____	Address _____
Date _____	Date _____