

Almont Ash Sifters

Smoke Detector Installation Program Application

Please read and complete BOTH PAGES of this application. This application and waiver must be completed and signed before approval and installation of smoke detectors.

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ DAYTIME PHONE: _____

E-MAIL: _____

IS THIS A RENTAL PROPERTY? Yes [] No []

HOW MANY STORIES DOES YOUR HOME HAVE? _____ BASEMENT? _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

If your application is approved, a member of the Almont Ash Sifters will contact you in order to arrange a date and time for the installation. We will be able to schedule installations on certain weekdays, evenings, and weekends. Any emergency calls received will take precedence and may delay a scheduled installation. Your flexibility, patience, and understanding will be greatly appreciated.

SIGNATURE: _____

PRINT NAME: _____

Please Return Application To: Almont Ash Sifters
Attn: Chief Paul Wayco
P.O. Box 159
Almont, MI 48003

Or fax to: (810) 798-8511

(FOR OFFICE USE ONLY)

Date Installed:

By:

of Detectors

Almont Ash Sifters

Waiver and Release of All Claims

For and in consideration of my/our participation in the Almont Ash Sifters Smoke Detector Program, I/we agree to release the Almont Ash Sifters, Almont Township, its agents and employees, and their fire department from all claims, demands, suits, and cause of action, of every nature whatsoever, on account of damage or loss to property including both real and personal bodily injuries, or death, resulting from the installation, failure to operate or faulty operation of the smoke detector(s) installed at my/our request.

It is further understood and agreed that the Almont Ash Sifters are not the insurers of the safety of those who would occupy the dwelling in which the detector is installed against the hazards of fire. While the smoke detector device is designed to warn of fires, the Almont Ash Sifters does not provide guarantees or warranty of any kind. Any such warranties, if in existence, are given by the manufacturer of the detector, and I/we agree, that any claims or suits for failure to operate of the detector will be solely against the manufacturer. Additionally, I/we understand that it is my/our obligation to purchase batteries to operate the smoke detector as needed and to maintain the detector after installation.

By signing this full release, I/we hereby consent to the entry of Almont Ash Sifters personnel into my/our dwelling, at a mutually agreed upon time, for the sole purpose of installing the smoke detection device(s). The undersigned further acknowledges that the Almont Ash Sifters, Almont Township, and their agents or employees, expressly disclaim any liability for damage resulting from the installation of this smoke detection device(s) and I/we hereby release the Almont Ash Sifters, Almont Township, and their agents and employees from any and all claims and/or damages resulting there from. I/we further agree not to remove this device at any time, unless the device is repaired or replaced by an equivalent or better device.

My/our signature(s) appearing below indicate that I/we have understood the above and intend to be legally bound.

Owner/Occupant Signature

Owner/Occupant Signature

Print Name

Print Name

Date

Date