



## SMOKE ALARM APPLICATION AND INSTALLATION FORM

Recipient Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Bldg. Number: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Number of adults in this home: \_\_\_\_\_ Senior Citizens? ( )Y ( )N Number of children in this home: \_\_\_\_\_  
Any occupants disabled/impaired? ( )Y ( )N Specify disability/impairment: \_\_\_\_\_  
Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ If renting, the contact information of Property Owner/Manager must be included.  
Name of Property Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner/Manager Address: \_\_\_\_\_ Bldg. Number: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish/County: \_\_\_\_\_  
Number of floors: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

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**TO BE COMPLETED BY FIRE SERVICE REPRESENTATIVE AT THE TIME OF INSTALLATION**

Agency or Fire Dept. Name and FDID: Livingston Parish Fire Protection District 4 - 32020  
(Fire Department **MUST** include 5 digit FDID#)

Completion Date: \_\_\_\_\_ Number of units installed at this location: \_\_\_\_\_  
Name of Installer: \_\_\_\_\_ Signature of Installer: \_\_\_\_\_

I release all agencies and their representatives from any and all liability, claims or actions that may arise from injury or harm to myself, my dependent(s) or damage to my property, in connection with the installation of this smoke alarm(s).

After installation, it shall be my responsibility, as the home/building owner and/or tenant, to maintain the smoke alarm(s), keeping it (them) in proper operating condition, which includes periodic testing and regular replacement of the unit(s) as recommended by the manufacturer. I understand that the State of Louisiana, the Louisiana Office of State Fire Marshal, the installer and the local fire department are not responsible for proper operation of these smoke alarms.

With my signature below, I agree to the aforementioned statements and confirm the installation of smoke alarm(s) in my home/building by the fire department and their representative named above.

**Smoke Alarm Recipient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The **fire department** is to return this form to the address listed below once installation has been completed.

### LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Office of State Fire Marshal  
8181 Independence Blvd  
Baton Rouge, LA. 70806  
ATTN: Operation Save-A-Life  
Phone: 225-925-4911 • Toll Free: 1-800-256-5452  
[www.lasfm.org](http://www.lasfm.org)

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