



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: _____

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

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