

**LYNDHURST FIRE DEPARTMENT
APPLICATION FOR SMOKE DETECTOR(S)**

1. **Name:** _____ **Address:** _____
2. **Home phone:** _____ **Alternate phone:** _____
3. **Does your home have more than one story?** _____
4. **How many bedrooms do you have?** _____
5. **Date:** _____

The applicant hereby releases the Lyndhurst Fire Department of any and all liability pertaining to the performance of the smoke detector in the event the smoke detector fails to perform properly during a fire or any other conditions the smoke detector was designed to operate in. The applicant also agrees to release the Lyndhurst Fire Department of any liability pertaining to damage that may result during the installation of the smoke detector. The applicant will allow the Lyndhurst Fire Department to conduct a Home Safety Evaluation at no cost to the applicant.

Signature of Applicant (sign when installed)

Return form to Lyndhurst Fire Department, 5301 Mayfield Rd. or FAX to 440-646-9562.

FOR DEPARTMENT USE ONLY

DATE INSTALLED

INSTALLED

PERSONNEL INSTALLING

