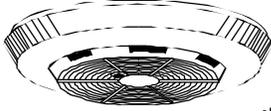


Project S.A.F.E. Home

Smoke Alarms For Every Home

The Polk County Fire Department has provided a smoke alarm for the following residence:

Owner's Name _____
(please print)

Address _____

Phone Number _____

Number of Occupants _____

Please read and sign.

I understand how smoke alarms operate, what to do if one sounds, and how to maintain them. I agree to purchase and install batteries for the smoke alarm(s) on a yearly basis.

I fully understand that the Polk County Fire Department is not responsible for the smoke alarm(s) from this date forward. Although the County is providing the smoke alarm(s), I do hereby agree to indemnify and hold the County, its agents, and employees harmless from any claims, causes of action, or damages. This includes costs and reasonable attorney fees for personal injury, death, or property damage arising from acts of negligence, commission, or omission of the County, its agent, or employees in providing the smoke alarm(s).

Signature of Owner _____

Date _____

(PCFD - White Copy, Recipient - Yellow Copy,)

PCFD Personnel _____ ID # _____ Station # _____
