

# **Biloxi Fire Department**

## **Smoke Detector Saves Lives Program**

**Date Requested:** \_\_\_\_\_ **Date Installed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Biloxi, MS** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Number of Occupants living at the address above:** \_\_\_\_\_

**Age of Occupants:** \_\_\_\_\_

**Number of bedrooms in the address above:** \_\_\_\_\_

**Number of detectors installed:** \_\_\_\_\_

**Installed by:** \_\_\_\_\_, \_\_\_\_\_

**Contact: Biloxi Fire Department Fire Prevention**

**(228) 435-6209**

## Waiver form City of Biloxi, Fire Department Smoke Alarm/Detector Installation Program

At my request, Biloxi Fire Department established to install smoke alarms / detectors in my residence located in the city limits of Biloxi, has voluntarily installed one or more smoke alarms in my residence located at: \_\_\_\_\_  
(Address of smoke alarm installation)

In consideration for voluntarily providing and installing these battery-powered smoke alarm(s) in my home, I, for myself, my heirs, executors, administrators, or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational and individual participants in the above referenced program from and against all damages of any kind, to persons or property, growing out of or resulting from the installation and / or failure of such smoke alarms in my referenced home.

By signing this document, I certify that the smoke alarms were tested in my presence and are in good working order. Furthermore, I acknowledge that I have received information from the installer regarding proper smoke alarm maintenance and understand that the maintenance is my responsibility.

I acknowledge having read, understood, and agreed to the above waiver, release, and indemnity.

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Print name	Signature	Date
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Witness (print name)	Signature	Date
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**NOTE:** This form generally indicates that the occupant agrees to waive his or her rights to sue the individual, fire department, or any other organization or individual involved in the installation of the smoke alarms if a fire occurs after the alarm has been installed and tested. The purpose of the waiver is to protect the individual and organizations involved against liability arising from the installation or operation of the smoke alarm. This statement is intended for information only. The terms of the waiver, themselves, shall prevail if there are any questions. You should seek advice if you do not understand this waiver.