



**SMOKE ALARM APPLICATION AND INSTALLATION FORM**

Recipient Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Home Address: \_\_\_\_\_ Bldg. Number: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Number of adults in this home: \_\_\_\_\_ Number of children in this home: \_\_\_\_\_ Senior Citizens: Y N

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**FOR OFFICIAL USE ONLY AT THE TIME OF INSTALLATION**

Fire Department or Agency Name: \_\_\_\_\_  
(Fire Department **MUST** include FDID#) OSFM: BR LAF LC NO SHR MON ALEX

Date of Installation: \_\_\_\_\_ 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.

After installation, it shall be the responsibility of the recipient to maintain the smoke alarm. The recipient understands 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. The building owner and/or tenant is responsible for keeping the smoke alarm in proper operating condition, which includes periodic testing and regular replacement of the unit as recommended by the manufacturer.

Grant Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be returned to the address listed below

**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)