



# IRVING FIRE DEPARTMENT APPLICATION FOR FREE SMOKE ALARM

This application is to be used by the Irving Fire Department solely to determine your eligibility for a FREE smoke alarm. All information that you provide will be kept strictly confidential.

1. Is this rental Property? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Number of persons in family at this address? \_\_\_\_\_
3. One or two story residence? \_\_\_\_\_
4. Does any family member have a physical handicap or mobility impairment, which would prevent escape from a fire? \_\_\_\_\_ If YES, please state the nature of the Impairment. \_\_\_\_\_  
\_\_\_\_\_

*In exchange for a smoke alarm furnished by the City of Irving Fire Department, I agree on behalf of myself, my heirs, and assigns, to release, defend, indemnify and hold harmless the **City of Irving Fire Department** and their officers, agents, and employees, from and against any and all claims and damages of every kind, for injury to or death of any person or persons and for damage to or loss of property, arising out of or attributed to the smoke alarm, and including but not limited to, claims and damages arising in whole or in part from the negligence of the **City of Irving Fire Department** and their officers, agents, and employees.*

PERSON MAKING REQUEST:

\_\_\_\_\_ (PRINT NAME) \_\_\_\_\_ (PHONE NUMBER)

\_\_\_\_\_ (STREET ADDRESS)

IRVING TX \_\_\_\_\_ (ZIP CODE)

\_\_\_\_\_ (SIGNATURE OF INDIVIDUAL)

## IRVING FIRE DEPARTMENT USE ONLY

APPROVED \_\_\_\_\_

DATE DETECTOR INSTALLED \_\_\_\_\_

BY \_\_\_\_\_  
OFFICER/STATION

**FORWARD THIS COMPLETED FORM TO FIRE ADMINISTRATION**