



SMOKE ALARM REQUEST FORM

OCCUPANT NAME			
ADDRESS		UNIT #	
CITY	Pitt Meadows	BC	POSTAL CODE
PHONE #		CELL #	
NAME OF REQUESTOR			
NAME OF PROPERTY OWNER			

- | | | | | |
|---|-----------|---------|------|------------|
| 1) Are there any children living in the home? | Yes | No | | |
| 2) Are there any seniors (over 60) living in this home? | Yes | No | | |
| 3) Does anyone in the home have a disability? | Yes | No | | |
| 4) Are there any smoke alarms currently installed? | Yes | No | | |
| 5) If yes , are your smoke alarm(s): | Hardwired | Battery | Both | Don't Know |

(complete top portion only)

WAIVER and INDEMNITY

In return for the Pitt Meadows Fire Rescue Services (the "City") providing a smoke alarm to me for my dwelling, I agree to:

- (a) hereby waive, relinquish and abandon any right or claim which I now have or may at any time have against the City arising out of or in connection with, directly or indirectly, the smoke alarm services;
- (b) indemnify and save harmless the City against all claims, costs, legal costs, damages, expenses, and demands whatsoever and by whomsoever, arising out of or in connection with, directly or indirectly, the smoke alarm services.

_____ **NUMBER OF BATTERY SMOKE ALARMS INSTALLED**

_____ **NUMBER OF TEN YEAR SEALED SMOKE ALARMS CHECKED**

Owner/Occupant Signature _____ Date _____

NOTICE: Personal information requested on this Smoke Alarm Application is collected under the authority of Section 26 of the Freedom of Information and Privacy Act, R.S.B.C. 1996, c. 165, as amended. Unless otherwise specified, the information gathered will be used by the City of Pitt Meadows for contacting applicants to arrange appointments. Questions about the collection, use, and disclosure of this information should be directed to the Head for Freedom of Information and Protection of Privacy, City of Pitt Meadows, 12007 Harris Road, Pitt Meadows, BC, V3Y 2B5, 604-465-2433. #109354v2