

**DELTRAN FIRE DEPARTMENT  
FIRE PREVENTION BUREAU**

**P.O. BOX 1007, Delran, N.J. 08075  
856-461-5474 Fax: 856-461-9005**



**Application For Smoke Detector(s)/Batteries**

Please read and complete the entire application. The Delran Fire Department will contact you upon completion of this application to arrange a date and time for installation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City State ZIP

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

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

How many floors are in your home? \_\_\_\_\_ Does the home have a basement? \_\_\_\_\_

How many people reside at your home?: \_\_\_\_\_  
Ages: 00-14: \_\_\_\_\_ 15-24: \_\_\_\_\_ 25-64: \_\_\_\_\_ 64-Over: \_\_\_\_\_

Are there any existing smoke detectors in your home?: \_\_\_\_\_ If so, How old?(Check back of detector): \_\_\_\_\_

Did you hear about this smoke detector program?If so,how?: \_\_\_\_\_

The applicant hereby releases the Delran Fire Department of any liability pertaining to the performance of the smoke detector(s) installed or maintained in the event the smoke detector fails to perform properly during a fire or any other conditions the smoke detector was designed to operate in. The applicant also agrees to release the Delran Fire Department of any liability pertaining to damage that may result during or after the installation of the smoke detector(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN THIS FORM TO THE DELTRAN FIRE DEPARTMENT, 900 CHESTER AVENUE, DELTRAN NJ 08075 OR FAX TO (856)461-9005

***FOR DELTRAN FIRE DEPARTMENT USE ONLY***

Installation Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Time Spent: \_\_\_\_\_

Number of Detectors Installed: New: \_\_\_\_\_ Replacement(s): \_\_\_\_\_ Number of Batteries Replaced: \_\_\_\_\_

Personnel Installing Detector(s)/Batteries: \_\_\_\_\_