

**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: _____