

NEW BERN FIRE-RESCUE
PROJECT ALERT
Smoke Detector Installation Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I, the undersigned, do hereby understand that a member of New Bern Fire-Rescue is installing my smoke detector(s) as a public service and that any problems experienced with the detector should be reported to the manufacturer. Therefore, I in now way hold the City of New Bern Fire-Rescue Department responsible for any problems I might encounter with the performance of the detector(s).

Further, the City of New Bern Fire-Rescue Department will NT be held responsible for any property damage which might occur during or as a result of the installation of the smoke detector(s).

Owner or Tenant: _____

New Bern Fire-Rescue Representative: _____

Date of Installation: _____

Number of Units Installed: _____

Not able to install
because: _____

_____ FOR NBFR USE ONLY _____

Information discussed and pamphlets left were:

- Smoke Detector Exit Drills in the Home Home Fire Prevention Checklist