

WORLAND FIRE DISTRICT AND DEPARTMENT  
APPLICATION FOR SMOKE DETECTORS/ BATTERIES

**Name**

\_\_\_\_\_

First Middle Last

**Address**

\_\_\_\_\_ Worland, Wy 82401  
Street

**Phone Number**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Best time to contact \_\_\_\_\_ AM / PM

THE APPLICANT HERBY RELEASES THE WORLAND FIRE DISTRICT/ DEPARTMENT OF ANY AND ALL LIABILITY PERTAINING TO THE PERFORMANCE OF THE SMOKE DETECTOR IN THE EVENT THE SMOKE DECTECTOR FAILS TO PREFORM PROPERLY DURING A FIRE OR ANY OTHER CONDITIONS THE SMOKE DETECTOR WAS DESIGNED TO OPPERATE IN. THE APPLICANT ALSO AGREES TO RELEASE THE WORLAND FIRE DISTRICT / DEPARTMENT OF ANY LIABILITY PERTAINING TO DAMAGE THAT MAY RESULT DURING THE INSTALLATION OF THE SMOKE DECTECTOR(S)OR BATTERIES.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

Number of Alarms \_\_\_\_\_

Given By \_\_\_\_\_

Date \_\_\_\_\_