

SPARKS FIRE DEPARTMENT

1605 Victorian Ave. Sparks, NV 89431

p (775) 353-2266 f (775) 353-2396 e sfdooffice@cityofsparks.us



PROJECT S.A.F.E. REQUEST

Contact Name

Installation Address

Phone Number

Email Address

Landlord Name

Landlord Phone

Landlord Email

Was The Residence Built Prior to 1994? Yes No

Type of Residence Single Family Duplex Condo
Manufactured (mobile home)

Number of Levels

Number of Sleeping Rooms

Number of Residents Adults Children Seniors

Interested in hearing impaired smoke devices? No Yes

Number of Working Smoke Detectors in the Residence

Requested Appointment Day and Time Window

Tuesday AM Between 8am and 10:30am PM Between 1pm and 2pm

Thursday AM Between 8am and 10:30am PM Between 1pm and 2pm

Other Notes

Please email this form along with the landlord waiver to: sfdooffice@cityofsparks.us
SFD Personnel will contact you to confirm your request and schedule your appointment



SPARKS FIRE DEPARTMENT *RESIDENTIAL SMOKE ALARM PROGRAM*

The Project SAFE installation team, established by Sparks Fire Department, has my permission to voluntarily install one or more smoke alarms in my property(ies) located at _____ Sparks, Nevada.

In consideration for voluntarily providing and installing those battery-powered smoke alarm(s) in my property(ies), I, for myself, my heirs, executors, administrators or successors, hereby waive any actions of claims of any nature that I or my tenants have or might in the future have against any and all individual or organizational participants in the above referenced program, including but not limited to the fire department, the municipality, and the officers, agents or employees growing out of or resulting from the installation and/or failure of the smoke alarms and/or batteries, and I further agree to hold harmless any and all organizational and individual participants in the above-referenced program from and against all damages of any kind, to persons or property, growing out of or resulting from the installation and failure of such smoke alarms and/or batteries in my referenced home.

By signing this document, I acknowledge that the smoke alarms will be tested in the presence of a responsible party and will be in good working order. Furthermore, I acknowledge that my tenants will receive information from the installer regarding proper smoke alarm maintenance, and I understand that the maintenance is my responsibility.

I acknowledge having read, understood, and agreed to the above waiver, release, and indemnity.

OWNER'S PRINTED NAME

OWNER'S SIGNATURE

DATE

WITNESS PRINTED NAME

WITNESS SIGNATURE

DATE