



Nampa Fire Protection District - Prevention Bureau  
Prevention Phone: 208-468-5751  
Email: [prevention@nampafire.org](mailto:prevention@nampafire.org)  
Admin Office: 9 12th Ave South - Nampa, ID 83651

## SMOKE ALARM ASSISTANCE APPLICATION

### APPLICANT INSTRUCTIONS

Please read the **Smoke Alarm Assistance Info Sheet** (on our website) prior to filling out this application. Fill out the requested information to the best of your ability & return this application by email to [prevention@nampafire.org](mailto:prevention@nampafire.org) with the subject of the email "Smoke Alarm Application" or bring it to the Nampa Fire Admin Office (9 12<sup>th</sup> Ave South – Nampa, ID 83651). If you are unable to email or drop by with the application, you are welcome to call 208-468-5751 & we will complete an application with you over the phone.

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Mobile Home # \_\_\_\_\_ Is home a Rental? \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please **answer the following questions** so we can properly assess if application qualifies for assistance.

Senior Citizen Elderly Individual	Disability requiring assistance	Low-income household requiring assistance	Please indicate any additional reasons for request in comment section below.
Pre-Visit <b>details</b> to help crews know how best to assist you upon approval of application & scheduled visit.			
<b>If you are unable to purchase</b> new smoke detectors &/or batteries prior to a crew visit due to your inability to travel, order on-line or for financial reasons please indicate this in the comment section below. <b>If you are unable to donate</b> , we will still provide you with service and working alarms. This is a donation funded program and the suggested donation for smoke alarm and batteries is \$20 per unit. Please have donations ready to give to crews when they arrive at your home or mail donations to the Nampa Fire Administration Office.			
How many bedrooms are in your home? _____	How many pre-existing smoke alarms are in your home? _____	How many pre-existing smoke alarms are working? _____	
You plan to buy new smoke alarms & batteries and just need help installing	Your alarms work and you plan to buy new batteries and just need help installing	My smoke alarms are chirping and I need assistance.	
You need new batteries for existing smoke alarms but, are unable to purchase them.	You need new smoke alarms & batteries but, are unable to purchase them. How many new smoke alarms/batteries do you think you need? _____		
Any Comments (such as letting us know about vaulted ceiling, special instructions, assistance situation): _____			

If the application is approved, you will need to fill in the section below when crews arrive at your home.

I, \_\_\_\_\_, understand and agree that the smoke alarm and/or battery are not under warranty or guarantee with the Nampa Fire Department, City of Nampa, Nampa Rural Fire Protection District or any of its agents or employees. I also understand that it is **solely my personal responsibility** to maintain the smoke alarm in proper operating condition to include monthly tests of the smoke alarm and changing of the battery as necessary per the manufacturer's recommendations. I acknowledge receipt of the manufacturer's recommendations. Adequate smoke detection coverage per national, state, and local **codes is a legal responsibility of the property owner and/or occupant**. I further agree to save, keep and hold harmless the Nampa Fire Department, City of Nampa, Nampa Rural Fire Protection District and its officers, agents, and employees from all damages to property or of personal injury of whatever nature, either by reason of or in the course of performing the installation of the smoke alarm and/or battery, which may be occasioned by any negligent act or omission to act which amounts to negligence upon the part of those parties. My signature below represents that I have read and understand the above.

To be signed during scheduled visit. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY** - If short notice (for chirping or emergency visit) notify BC on Rotating Cell #208-250-3255

Map Zone: \_\_\_\_\_ Shift Scheduled: \_\_\_\_\_ Station: \_\_\_\_\_ Scheduled on NFD1 w/ Application Attached:

Date visit scheduled: \_\_\_\_\_ Time scheduled: \_\_\_\_\_ Notes for Crew: \_\_\_\_\_

Installed by: _____	# Alarms Installed: _____	Incident #: _____
Number Present: _____	# Batteries Installed: _____	Type of Alarm: _____
Notes: _____	Donation Made? Yes No	Amount: _____ Cash Check # _____

#1 If funds were not collected, please email this Application & American Red Cross Form to [prevention@nampafire.org](mailto:prevention@nampafire.org)

#2 If funds were collected, bring Application, American Red Cross Form & Funds to the Administration Office.