



SAFE AT HOME PROGRAM APPLICATION

Please read and complete BOTH SIDES of this application. This application and waiver must be completed and SIGNED before approval of application.

NAME: _____

ADDRESS: _____ LIBERAL, KS 67901

HOME PHONE/DAYTIME PHONE: _____

HOW MANY STORIES DOES YOUR HOME HAVE? _____

DO YOU HAVE A BASEMENT? YES ___ NO ___

WHAT TYPE OF DETECTOR ARE YOU APPLYING FOR?

_____ SMOKE DETECTOR

_____ CARBON MONOXIDE DETECTOR

_____ NOAA RADIO

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

SIGNATURE: _____ DATE: _____

Please Return Application To: Erika Villa, Housing Programs Coordinator
City of Liberal Building Dept
324 N Kansas Ave
P.O. Box 2199
Liberal, KS 67905-2199

OFFICE USE ONLY

Date received: _____ Authorized by: _____

WAIVER AND RELEASE OF ALL CLAIMS

For and in consideration of my/our participation in the City of Liberal SAFE at HOME Program, I/we agree to release the City of Liberal, its agents and employees, its Housing Department and Fire Departments, from all claims, demands, suits, and causes of action, of every nature whatsoever, on account of damage, personal bodily injuries, or death. resulting from the installation, failure to operate or faulty operation of the carbon monoxide and/or smoke detector received from the City of Liberal.

By signing this release, I/we accept the carbon monoxide detection device and agree to install it as instructed. The undersigned further acknowledges that the City of Liberal and its agents or employees, expressly disclaim any liability for damage resulting from the installation of this carbon monoxide and/or smoke detection device, and I/we hereby release the City of Liberal and its agents and employees from any and all claims and/or damages resulting therefrom.

My/our signature(s) appearing below indicate that I/we understand the above and intend to be legally bound.

Owner/Occupant

Owner/Occupant

Street Address

Date:_____