

“Proudly We Serve”

Blowing Rock Fire Dept
P.O. Box 570
189 Park Avenue
Blowing Rock, NC 28605



Phone 828-295-5221
Fax 828-295-4172

REQUEST FOR INSTALLATION OF SMOKE ALARM

The Blowing Rock Fire Department will install smoke alarms to anyone living in the BR Fire District. The smoke alarms are free of charge if you need them. The Watauga County Firefighter’s Association provide the smoke alarms to be distributed to any Watauga County resident.

Please complete the application and mail, fax or bring to the fire dept. A firefighter will contact you to schedule a time to install the alarm. Someone must be present during installation of alarms.

Phone Number: _____ Date: _____

Name: _____

Street Address: _____

Number of Persons living in home _____ Ages _____

Number of Bedrooms _____ Number of stories _____

Circle one: Property Owner Property Renter Other _____

The above information is accurate. I agree, in consideration of the Blowing Rock Fire Department and Watauga County Firefighters Association installing a smoke alarm on the premises, to save the Department and Association, its agents, officials, and employees harmless from and against damages to person or property, all expenses or other liabilities which may result from the installation, removal, maintenance or malfunctioning of said smoke alarm. The Blowing Rock Fire Department and Watauga County Firefighter’s Association does not warrant batteries for alarms nor conduct tests for operation.

Responsible Occupant’s Signature _____ Date _____

Building Owner Signature (if different) _____ Date _____

For Fire Dept use only

FD Member installing alarm _____ Date _____

Detector brand name _____ Model Number _____

Detector Location(s) _____