



State of Illinois
Department of Children and Family Services



CONSENT FOR INSTALLATION OF SMOKE ALARM(S) FORM

Completing this form authorizes the Illinois Department of Children and Family Services to partner with the Office of the Illinois State Fire Marshal by requesting smoke alarms to be provided and installed in your residence.

Full Name: _____

Street Address: _____

Phone Number: _____

Your signature gives consent for DCFS to provide the above information to OSFM and/or other local authorities for the purpose of providing and installing smoke alarms in your residence.

I agree to indemnify and hold harmless the Illinois Department of Children and Family Services and the Office of the Illinois State Fire Marshal, its officers, employees, agents and assigns from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of use of the smoke alarm provided herein.

Signature

Date

NOTE: This consent is only valid for one time use. A new consent form must be filled out for every request submitted.

Please fax the completed form to: Robin Sudduth at fax number 217-558-1424.