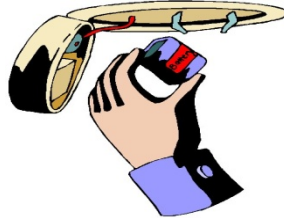




MCHENRY TOWNSHIP FIRE PROTECTION DISTRICT

SMOKE & CO ALARM BATTERY REPLACEMENT FORM



Today's Date: _____

Individual receiving the battery: _____

Contact phone & email address: _____

Address of installation: _____

Battery brand & type: _____

Use before date on battery: _____

Number of batteries replaced _____ Smoke alarm _____ CO alarm _____

Request taken by: _____

Was the individual advised to change the battery every six months? _____

Comments: _____

Signature of completion:
(Requesting individual) _____

(MTFPD Installer) _____

*All completed forms must be turned into the shift commander