

NOTIFICATION OF SYSTEM OUT OF SERVICE

DATE _____

TO: Aurora Fire Prevention Bureau
5 E. Downer Pl.
Suite G
Aurora, IL 60505
Office (630) 892-9001
Fax (630) 844-4720

FROM: Alarm/Sprinkler Company
Name: _____
Address: _____
Phone #: _____

Which Business Location is OUT OF SERVICE?

Business Name _____ Address _____ Phone# _____

TYPE OF SYSTEM: (PLEASE CHECK ONE)

SPRINKLER _____ FIRE ALARM _____ HOOD SUPPRESSION _____

TAKEN OUT OF SERVICE: DATE: _____ TIME: _____

BACK IN SERVICE (INTENDED) DATE: _____ TIME: _____

REASON FOR BEING OUT OF SERVICE:

ROUTINE TESTING _____ REPAIRS _____ ALTERATIONS _____

OTHER (DESCRIBE): _____

BESIDES NOTIFYING THE MONITORING STATION

The above information MUST be faxed to the Fire Prevention Bureau at Fax # (630)844-4720 when taking any system OUT OF SERVICE. Please fax this form again when your system is placed back into service and fill out the information below. Please refer to IFC/2000 Fire Prevention Section 901.7 if you have any questions.

(Please fill out form below when system is back in service and FAX to Fire Prevention Bureau at FAX# (630) 844-4720

THE ABOVE SYSTEM WAS PUT BACK INTO SERVICE AND WAS FULLY OPERATIONAL EXCEPT AS NOTED BELOW:

NOTES: _____

BACK IN SERVICE: DATE _____ TIME: _____

INSTALLER/REPAIR PERSON NAME: _____

Signature