



AURORA FIRE DEPARTMENT

FIRE ALARM USER REGISTRATION/EMERGENCY CONTACT

RE-SUBMITTAL IS REQUIRED FOR ANY CHANGES THAT OCCUR TO INFORMATION LISTED BELOW.

**Required field*

Building Owner* _____ Phone # _____

Address _____

City _____ Zip Code _____

Business Owner* _____ Phone # _____

Address _____

City _____ Zip Code _____

Business Name* _____ Phone # _____

Address _____

City _____ Zip Code _____

Manager Name* _____ Phone # _____

City _____ Fax # _____

Loss Prevention Contact _____ Phone # _____

Address _____

City _____ Zip Code _____

Identify employees who can open the building during off-hours or secure it after an incident. When your alarm and/or sprinkler systems are expected to be out of service for more that four (4) hours in a 24-hour period, you must provide a fire watch or evacuate the building.

In the event you do not secure a fire watch, it will be provided by the fire department at your expense.

Employee Name	Position/Title	Phone #
1.		
2.		
3.		
4.		

Alarm Company Name	Phone #
Monitoring Station Name	Phone #

Fire Prevention Office Use Only

Date Received _____ Reviewer _____

Christopher Temes, Fire Marshal • Aurora Fire Department • Fire Prevention Bureau

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