



# AURORA FIRE DEPARTMENT

## FIRE ALARM USER REGISTRATION/EMERGENCY CONTACT

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

*\*Required field*

Business Owner*	_____	Phone #	_____
Address	_____	Email	_____
City	_____	Zip Code	_____
Building Owner	_____	Phone #	_____
Address	_____	Email	_____
City	_____	Zip Code	_____
Business Name*	_____	Phone #	_____
Address	_____	Email	_____
City	_____	Zip Code	_____
Manager Name*	_____	Phone #	_____
City	_____	Email	_____
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 or 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 #	Email
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

77 S. Broadway, Ste. 270 | Aurora, IL 60505-3305

Office: (630) 256-4130 | Fax: (630) 256-4139 | Email: fpb@aurora.il.us