

AURORA FIRE PREVENTION BUREAU

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FIRE ALARM USER REGISTRATION/EMERGENCY CONTACT

RESUBMITTAL IS REQUIRED FOR ANY CHANGES TO INFORMATION LISTED BELOW

BUILDING OWNER* ADDRESS* PHONE* EMAIL*

BUSINESS OWNER* ADDRESS* PHONE* EMAIL*

BUSINESS NAME* ADDRESS* PHONE* EMAIL*

MANAGER NAME* PHONE* EMAIL*

LOSS PREVENTION CONTACT ADDRESS PHONE EMAIL

*indicates a required field

Identify employees who can open the building in off-hours or secure it after an incident.

When your alarm and/or sprinkler systems are expected to be out of service for more than 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.

Table with 3 columns: EMPLOYEE NAME*, POSITION/TITLE, PHONE*. Rows 1-4.

Table with 2 columns: ALARM COMPANY NAME, PHONE; MONITORING STATION NAME, PHONE.

~FIRE PREVENTION OFFICE USE ONLY~

Date received: Reviewer: