

**AURORA FIRE PREVENTION BUREAU
5 E. DOWNER PL. #G.
AURORA, IL 60505-3305
630-256-4130 FAX: 630-256-4139
Email: fpb@aurora-il.org**

**FIRE ALARM USER & LOCKBOX REGISTRATION FORM
EMERGENCY CONTACT UPDATE**

Date submitted: _____

NAME of BUSINESS		PHONE
ADDRESS / Zip Code		
Where will the new lock box be placed on the building? <i>Needs to be 6ft off the ground, no higher.</i>		

BUSINESS OWNER: NAME		PHONE
Mailing Address		
Loss Prevention Contact	E-Mail	PHONE

BUILDING OWNER: NAME		PHONE
ADDRESS/Zip Code		

Identify employees who can open the building in off-hours or secure it after an incident.
When your alarm and/or sprinkler systems are 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.**

EMPLOYEE NAME	POSITION/TITLE	CONTACT PHONE C=cell # and/or H=home #
1.		
2.		
3.		

ALARM COMPANY NAME	PHONE
MONITORING STATION NAME	PHONE

~FIRE PREVENTION OFFICE USE ONLY~

Date received: _____ By: _____ COA # _____