

**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 REGISTRATION/EMERGENCY CONTACT

RESUBMIT ANNUALLY date submitted:

NAME of BUSINESS		PHONE
Location / Zip Code		
Manager's E-Mail		Fax Number

BUSINESS OWNER: NAME		PHONE
Mailing Address /Zip Code		
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.		
4.		

ALARM COMPANY NAME	PHONE
MONITORING STATION NAME	PHONE