



FIRE ALARM REGISTRATION

Date: _____

Account # (LEAVE BLANK): _____
For office use only

BUSINESS Name or DBA: _____
(Must match Business Name on Certificate of Occupancy (C.O.))

CORPORATE Name: _____
(If different from Business Name above)

Niles Business Address: _____

Business Phone Number: _____ Description of Business: _____

Check the Type of Business:

- Individual
- Partnership*
- Corporation*
- LLC

**If Partnership or Corporation, please list or attach all Partners or Principal Officers on a separate sheet.*

BUSINESS OWNER INFORMATION

President or Owner Name: _____ Phone No: _____

Home Address: _____

City: _____ State or Country: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Phone No: _____

2. Name: _____ Phone No: _____

3. Name: _____ Phone No: _____

Name of fire alarm monitoring company: _____ Phone No: _____

Email: _____ Fax No: _____

Contract start date _____ End Date _____ Runner service: Yes _____ No _____

RUNNER SERVICE – The service provided by a runner at the protected premises, including restoration, resetting, and silencing of all equipment transmitting fire alarm or supervisory or trouble signals to an off-premises location. You can call your monitoring company to find out if you have this service.

Name of fire alarm service company: _____ Phone No: _____

Email: _____ Fax No: _____

SERVICE COMPANY – The alarm contractor who services your system and performs the annual inspection.

I/We understand the acceptance of this registration is conditional upon compliance with all Village Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while in force. I/We have read this application and answered all questions fully and the information I/We have submitted in this application is complete and truthful to the best of my knowledge.

SIGNATURE _____ TITLE _____ DATE _____