

City of Washington-Fire Communication Application

Inspection Fee \$150 per location payable to the City of Washington

Please print clearly.

Occupant or Business _____ **Phone** _____

Street Address _____ **City** _____ **State** ____ **Zip** _____

Contact person _____ **Email Address** _____

This system uses the following to signal an Emergency (check all that apply):

____ Digital Telecommunicator ____ Exterior Signal Light ____ Direct Wire Transmitter

This system automatically notifies (check all that apply):

____ Digital Telecommunicator ____ Private Monitoring ____ Washington County 911 Center

Monitoring Company _____

Address (Street, City, State, Zip) _____

Telephone _____ **Email** _____

Installation Company (if different than above) _____

Address (Street, City, State, Zip) _____

Telephone _____ **Email** _____

In case of alarm, the following persons should be notified:

Name _____ **Phone** _____

Address (Street, City, State, Zip) _____

Email _____

Additional Contact for alarm notification:

Name _____ **Phone** _____

Address (Street, City, State, Zip) _____

Email _____

Special instructions for first responders (i.e. handicap , pets , bed ridden, etc.)

Location of Alarm Panel _____ **Alarm Make** _____ **Model** _____

Number of Detectors ____ **Smoke** ____ **Combination** ____ **Other** _____

I ACKNOWLEDGE THE ABOVE INFORMATION IS ACCURATE AND WILL ADVISE THE OFFICE OF THE WASHINGTON FIRE DEPARTMENT OF ANY CHANGE(S) OF THE INFORMATION ON THIS APPLICATION.

Signature _____ **Print Name** _____