

CITY OF WASHINGTON-FIRE COMMUNICATION CONVERSION APPLICATION

Inspection Fee \$75.00-Payable to the City of Washington

Please Print Clearly

Occupant or Business _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

This System uses the following to signal an emergency (check all that apply):

___ Outside Bell or Siren ___ Exterior Signal Light ___ Direct Wire Transmitter ___ Other _____

The System will automatically notify (check all that apply):

___ Digital Telecommunicator ___ Washington Co. 911 ___ Private Monitoring

MONITORING COMPANY NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ EMAIL: _____

IN CASE OF ALARM THE FOLLOWING PERSON(S) SHOULD BE CONTACTED:

NAME _____ PHONE _____

STREET, CITY, STATE ZIP _____

EMAIL _____

NAME _____ PHONE _____

STREET, CITY, STATE ZIP _____

EMAIL _____

SPECIAL INSTRUCTIOS FOR FIRST RESPONDERS (EXAMPLE: HANDICAP, PETS, BED RIDDEN, ETC.):

LOCATION OF ALARM PANEL _____ ALARM MAKE _____

ALARM MODEL _____

NUMBER OF DETECTORS: ___ HEAT ___ SMOKE ___ COMBINATION ___ OTHER

By signing below, I acknowledge that the information provided above is accurate and I will notify the City of Washington Fire Department of any changes to the information provided as soon as it becomes available.

Alarm Subscriber Signature _____

Official Use Only: Received Date _____ Inspection Date _____ Official Name _____