

CITY OF WASHINGTON
FIRE COMMUNICATION APPLICATION

INSPECTION FEE \$150 PER ALARM LOCATION

MAKE CHECKS PAYABLE TO: CITY OF WASHINGTON

PLEASE PRINT LEGIBLY

OCCUPANT OR BUSINESS: _____ **TELEPHONE** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

THIS SYSTEM USES THE FOLLOWING TO SIGNAL AN EMERGENCY:

☐ *OUTSIDE BELL OR SIREN* ☐ *EXTERIOR SIGNAL LIGHT* ☐ *DIRECT WIRE TRANSMITTER*

THE SYSTEM AUTOMATICALLY NOTIFIES:

☐ *DIGITAL TELECOMMUNICATOR* ☐ *PRIVATE MONITORING*
☐ *WASHINGTON CO. 911 CENTER*

MONITORING COMPANY: _____

INSTALLATION COMPANY: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CITY: _____ **ZIP CODE:** _____

TELEPHONE: _____ **EMAIL:** _____

TELEPHONE: _____ **EMAIL:** _____

IN CASE OF ALARM, THE FOLLOWING PERSONS SHOULD BE NOTIFIED:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP CODE** _____

CITY: _____ **ZIP CODE** _____

TELEPHONE: _____ **EMAIL** _____

TELEPHONE: _____ **EMAIL** _____

INSTRUCTIONS TO HELP RESPONSE PERSONNEL (EXAMPLE: HANDICAP, PETS, BED RIDDEN)

LOCATION OF ALARM PANEL: _____ **ALARM MAKE** _____ **MODEL** _____

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

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

ALARM SUBSCRIBER

INSPECTION DATE: _____

FIRE DEPARTMENT OFFICIAL _____