



City of Umatilla Florida

EMERGENCY CONTACT BUSINESS OR RESIDENTIAL ALARM INFORMATION POLICE & FIRE

Business/Residential Name: _____
 Address: _____
 Mailing address (If different): _____
 Contact numbers: Home: _____ Cellular: _____ Work: _____
 Building owner phone: _____ Normal Business hours: _____

Types of alarm (Check all that apply)

Fire: ____ Yes ____ No
 (If you checked yes)

Burglar: ____ Yes ____ No
 (If you checked yes)

- ____ Existing System.
- ____ New System
- ____ Addition to existing system
- ____ Smoke detection
- ____ Manual Pull stations
- ____ Sprinkler system
- ____ Stand pipe system

- ____ Hold up
- ____ Fire
- ____ Phone in
- ____ Audible only

Annunciator panel location: _____
 Fire alarm panel location: _____

Alarm Company: _____
 Address: _____ Phone: _____

Alarm Company: _____
 Address: _____ Phone: _____

Monitoring company/location: _____

Date alarm(s) will be service: _____
 Additional information/comments: _____

Contacts with authority to enter business/residence (at least three contacts):

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |
| 5. _____ | Phone: _____ |

This report is required by laws as stated in the City of Umatilla Ordinances

Date: _____ Signature: _____
 (owner/manager/resident)

Official completing this report: _____ Date: _____