

City of Zion

FIRE & RESCUE DEPARTMENT

1303 27TH STREET ZION, ILLINOIS 60099 (847) 746-4040 (847) 746-4035 "FAX"



APPLICATION FOR FIRE ALARM REGISTRATION

Initial Registration Fee \$30. Please print legibly or type all information. All applicable spaces and both sides of this form must be completed.

SECTION I—Busine	ess/Occupancy Cont	act Informati	on			
Name						
Address						
City				State	Zip Code _	
Business Phone ()					
Alarm Holder Conta	act Information					
Name						
Address						
City				State	Zip Code _	
Home Phone ()			Cell Pho	ne ()		
E-mail Address						
Company Name Address						
City					-	
Telephone ()		Contact Person	n Name _			
Emergency Contact	Information					
Names of persons wh and who may enter the (four or more units)	ne premises in which	the alarm sys	tem is in	stalled. One nam	e is required for	
1. Name			_ 2.	Name		
Address			_	Address		
City	State	Zip		City	State	Zip
Phone ()				Phone ()		

APPLICATION FOR FIRE ALARM REGISTRATION (continued)

AI	arm System Installed By:					
Na	nme					
A	ddress					
Ci	ty State Zip Code					
Te	elephone ()					
Ту	pe of property being connected: Business Commercial Multi-Family (four or more units)					
SF	ECTION II—Acknowledgements					
Th	nis is to certify that:					
1.	The alarm system has the capacity to prevent false alarms by the use of a back-up power supply.					
2.	Alarm registration stickers issued by the Zion Fire/Rescue Department are non-assignable and are issued and effective only for the registered alarm system and alarm user.					
3.	Before placing a system into operation, the Certificate of Acceptance sticker will be affixed to the alarm panel					
4.	Every alarm user registered under this section shall be required to provide the Zion Fire/Rescue Department with any changes in the information required to be submitted on the registration application when such chang occur.					
5.	The applicant further agrees to hold the City of Zion harmless and indemnifies the City of Zion for any property damage to the registered location deemed reasonably necessary by the Zion Fire/Rescue Department in order to respond adequately to an alarm.					
SE	ECTION III—Signature					
ap An ap	ne alarm subscriber or designee must complete and receive approval for the fire alarm registration identifying the ntral answering service that will be used to monitor the alarm system at this address. My signature on this plication serves as identification that I have reviewed the City of Zion Municipal Code (Chapter 22-40, rticle II—Alarm Systems) found at www.CityofZion.com. Once the Zion Fire and Rescue Department has proved this registration, the alarm holder will be contacted to continue with the connection to the central conitoring station and to set up a test date for final approval.					
Si	gnature of Applicant Date					
	ease return this form to the Zion Fire/Rescue Department. Make checks payable to the City of Zion. ease include your telephone number on the front of your check.					
M	ailing Address: City of Zion / Fire and Rescue Department, 1303 27 th Street, Zion, IL 60099					
Di	rect Inquiries to: Fire Chief John Lewis at 847-746-4042 (office) or 847-746-4035 (fax).					
Oi	ffice Use Only: Approved Denied Date					