



O'Fallon Fire Rescue

Inspector

1215 Taylor Rd

O'Fallon, Illinois 62269

Phone: (618) 624-4515

Fax: (618) 632-1429

EMERGENCY DIAL 911

FIRE ALARM INFORMATION

Date: ____/____/____

1. Alarm company name: _____

2. Alarm company address: _____

3. Alarm company phone numbers:

() _____ () _____

() _____ () _____

4. Alarm company contacts for your business:

(Name) _____ (phone) _____

(Name) _____ (phone) _____

(Name) _____ (phone) _____

5. Business name: _____

6. Business address: _____

7. Phone number: _____

8. Email: _____

I, the undersigned certify the fire alarm serving the above location is operative and connected to an approved monitoring agency. The alarm company should contact the fire department dispatch at 618-624-4545 in the event of an alarm. I am responsible for ensuring the fire alarm system is in a proper operating condition at all times. Failure to comply with this requirement may result in a civil citation and/or fines, or may prohibit occupancy in the business.

Print Name

Signature

All plans and documents for the fire department shall be delivered to:

O'Fallon Fire Rescue
1215 Taylor Rd.
O'Fallon, Illinois 62269