

PERMIT # _____

EXPIRATION DATE: _____

ION DATE: _____



Town of Henrietta
Office of the Fire Marshal

475 Calkins Road Henrietta, New York 14467
(585) 359-7065 Office (585) 321-6093 Fax

RESIDENTIAL FIRE ALARM SYSTEM PERMIT

THIS IS A (2) TWO YEAR PERMIT

PLEASE PRINT LEGIBLY

OCCUPANT: _____ TELEPHONE _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

THIS SYSTEM USES THE FOLLOWING TO SIGNAL AN EMERGENCY:

OUTSIDE BELL OR SIREN EXTERIOR SIGNAL LIGHT DIRECT WIRETRANSMITTER

THE SYSTEM AUTOMATICALLY NOTIFIES:

DIGITAL TELECOMMUNICATOR
MONROE COUNTY FIRE DISPATCHER

HENRIETTA FIRE DISPATCHER
PRIVATE MONITORING CO.

OTHER

MONITORING COMPANY: _____

INSTALLATION COMPANY: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____

TELEPHONE: _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____

TELEPHONE: _____

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 FIRE MARSHAL OF ANY CHANGE(S) OF THE INFORMATION ON THIS APPLICATION

ALARM PERMIT SUBSCRIBER

“Always Practice Fire Prevention “