



HARVARD FIRE DEPARTMENT



FIRE ALARM CONNECTION DATA TO A CENTRAL STATION

PROPERTY ADDRESS: _____

Date: _____ Fire Alarm Permit #: _____

Property Owner: _____

Street Address: _____ Town: _____

Home Phone Number: _____ Work Phone Number: _____

Tenant (if applicable): _____ Phone #: _____

Fire Alarm Service Co.: _____ Phone #: _____

Address: _____ Town: _____

License #: _____ 24 Hour Phone #: _____

Central Station: _____ Phone #: _____

Address: _____ Town: _____ State: _____

TWO CONTACT PERSONS IN CASE OF AN EMERGENCY OWNER NOT REACHABLE

Contact Person #1 _____ Contact Person #2 _____

Street Address: _____ Street Address: _____

Town: _____ Town: _____

Work Phone #: _____ Work Phone #: _____

Home Phone #: _____ Home Phone #: _____

It is requested that this form be completed by owner and or alarm company, prior to activation with a central station. Fire Department will not grant a permit without this information.

**ANY CHANGES TO THIS DOCUMENT SHALL BE REPORTED TO:
Harvard Fire Department, 13 Ayer Road, Harvard, MA 01451**

10/2/2003