

EGG HARBOR FIRE DEPARTMENT
ALARM NOTIFICATION FORM

The Egg Harbor Fire Department responded to an alarm sounding at:

Location: _____ Time: _____ Date: _____

Occupant: _____ Owner: _____

Key Holder: _____ Contact Phone #: _____

1. Reason for alarm sounding found: Yes: _____ No: _____

Explain:

2. Building entered: Yes: _____ No: _____

3. Contact person present: Yes: _____ No: _____ Name: _____

4. Knox Box present: Yes: _____ No: _____ Box used: Yes: _____ No: _____

5. Alarm system: Silenced: _____ Reset: _____ By whom: Department: _____ Key Holder: _____

6. Alarm Company: _____

7. Alarm Company contacted: Yes: _____ No: _____ Phone #: _____

8. Alarm call cancelled: Yes: _____ No: _____

a. By whom: _____

We strongly recommend that the alarm system be serviced by a professional alarm company.

Issued by: _____ **Date:** _____

Egg Harbor Fire Department

Received by: _____ **Date:** _____

Egg Harbor Fire Department Non-Emergency Number 920-868-3737

Fire Chief's Number 920-493-5982