

Date Received _____

Date Entered _____

Entered By _____

Registration # _____



VENICE FIRE DEPARTMENT REGISTRATION/UPDATE FOR FIRE ALARM SYSTEM (PLEASE PRINT)

The information requested in this form is required by ORDINANCE NO: 2006-22 SECTION 38. This form is to be completed and returned prior to the activation of the alarm system.

Business Name: _____ Phone #: _____

In Service Date: _____

Business Address: _____ Zip: _____

Owner: _____ Phone #: _____

Billing Address: _____ Zip: _____

Persons authorized to enter the premises and be responsible for the alarm system:

1. Name: _____ Company: _____

Position: _____ Phone #: _____

2. Name: _____ Company: _____

Position: _____ Phone #: _____

3. Name: _____ Company: _____

Position: _____ Phone #: _____

Alarm Company Information:

Installing Company: _____ Phone #: _____ License #: _____

Maintenance Company: _____ Phone #: _____ License #: _____

Monitoring Company: _____ Phone #: _____ License #: _____

Sprinkler Company: _____ Phone #: _____ License #: _____

FACP Location: _____

Knox Box Location: _____

Form Completed By: (Print Name) _____ (Title) _____

(Signature) _____

001-0000-342.20-01

**Please make check payable to "City of Venice"
Mail or deliver this form with payment to:**

City of Venice, Attn: Cashiers Office
401 West Venice Avenue,
Venice, Florida 34285

Cashiers Office Phone # (941) 486-2626
Venice Fire Department Phone # (941) 480-3030