

**FAIRBANKS EMERGENCY COMMUNICATIONS CENTER (FECC)
APPLICATION FOR ALARM MONITORING SERVICE**

INSTRUCTIONS:

1. First page of the application is submitted to the FECC Administrative office **prior** to second page being completed by the Alarm Technician. The Alarm Technician will submit the second page of the application **prior** to alarm testing.
2. A separate application must be submitted for each alarmed location.
3. The applicant agrees that any updates to any portion of this application will be submitted to the FECC Administrative office in writing within 5 business days.
4. Questions regarding Alarms should be directed to Stephanie Johnson, FECC Manager at 450-6588.

SECTION ONE - BUSINESS OR TENANT NAME:

BUSINESS/TENANT NAME _____

PREMISE PHONE # _____

PHYSICAL ADDRESS (Alarm is actually located) _____

ONSIGHT CONTACT PERSON (S): _____

SECTION TWO - OWNER INFORMATION:

NAME _____ PHONE NUMBER _____

PHYSICAL AND MAILING ADDRESS _____

SECTION THREE - BILLING INFORMATION:

BUSINESS BILLING NAME: _____

MAILING ADDRESS _____

BILLING CONTACT PERSON (S): _____

PHONE NUMBER (S) _____

BILL MONITORED ALARM: **ANNUALLY** **SEMI-ANNUALLY**

SECTION FOUR: CONTACT INFORMATION (In order, who to contact when alarm is activated)

1. NAME _____ PHONE NUMBER _____

2. NAME _____ PHONE NUMBER _____

3. NAME _____ PHONE NUMBER _____

4. NAME _____ PHONE NUMBER _____

5. NAME _____ PHONE NUMBER _____

SECTION FIVE: TYPE OF ALARMS (Check all that apply)

FIRE **POLICE/SECURITY** **MEDICAL**

This application is submitted in accordance with the provisions of Fairbanks General Code Chapter 26, Article II

Signature of applicant/Owner

Date

FECC Entered into Alarm Center _____

**FAIRBANKS EMERGENCY COMMUNICATIONS CENTER (FECC)
APPLICATION FOR ALARM MONITORING SERVICE**

Completed Fairbanks Police Department

ALARM ACCOUNT # _____ POLLING TIME: _____

Completed by Alarm Technician

COMPANY INSTALLING ALARM: _____

CONTACT NAME AND NUMBER: _____

TESTING TO BEGIN: _____

ALARM PANEL MANUFACTURER: _____

ALARM PANEL MODEL: _____ FPD Alarm # 458-0912

FORMAT (CONTACT ID is preferred, but we can receive any standard format that is compatible with a 4-character account code): _____ *Failure to list each zone separately will result in a delay for set up. You may attach a pre-printed standard listing if you prefer.*

ZONE INFORMATION: *EXAMPLE:* Zone 1 Description FIRE

Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____
Zone _____	Description _____	Zone _____	Description _____

ALARM TECHNICIAN WILL FAX THE APPLICATION WITH THE ZONES TO: 452-1588

FECC USE ONLY:

Application is APPROVED / DENIED by _____ Date _____
FECC Manager or designee

Entered into CAD ADMIN _____ Entered into AS400 _____