CITY OF GRAND RAPIDS FIRE DEPARTMENT
Mail to: Grand Rapids Fire Prevention Bureau
38 LaGrave Ave SE
Grand Rapids, MI 49503

OFFICE USE ONLY

Registration # _____

FIRE ALARM REGISTRATION APPLICATION

Application Type: (please circle one) **Initial Registration** **Renewal**

Applicant Name: Telephone # ( )
Last First MI

Applicant Address:
Street Address Apartment or Suite No.

City State Zip Code

Business Name: Telephone # ( )

Business Address:
Street Address Apartment or Suite No.

City State Zip Code

Building Owner Name (if other than applicant): Telephone # ( )

Owner's Address:
Street Address Apartment or Suite No.

City State Zip Code

Mailing Address
(if different):
Street Address Apartment or Suite No.

City State Zip Code

Type of Alarm Site: (please circle one) Residence Business Government Office

Date of Alarm Installation: Number of actuating devices:

Monitoring Company: Telephone # ( )

Address:
Street Address Apartment or Suite No.

City State Zip Code

Please list three (3) Emergency Contacts that have agreed to respond and grant access to the alarm site.

Name of Contact #1: Local Phone # ( )

Name of Contact #2: Local Phone # ( )

Name of Contact #3: Local Phone # ( )

X _____ Date: _____
Signature of Applicant or Authorized Agent

The Applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application may be denied for false statements and/or non payment of all fees owed to the City of Grand Rapids.

If the fire department receives notice of any fire alarm from an alarm system that does not have a valid registration, then the owner shall be liable to the city for a fee as provided for in Chapter 172 of the Code of the City of Grand Rapids for each Grand Rapids Fire Department response to false fire alarms.