



# TOWN OF ISLIP

Public Safety Enforcement  
Fire Prevention Division

24 Nassau Avenue, Islip NY 11751

Phone (631) 224-5477

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fireprevention@islipny.gov

## Fire Protection System Out of Service Form

Date: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

System Being Serviced:      Fire Alarm      Fire Sprinkler System      Fire Suppression System      Other:

Service Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Service End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ am / pm      Time: \_\_\_\_\_ am / pm

Is the system being taken offline during service?      Yes      No

***If system is being taken offline, a Fire Watch MUST be posted, as the Fire Department will not respond to automatic fire alarm activations during this time (unless notified by Fire Watch personnel).***

Company Performing Service: \_\_\_\_\_

Technician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(Name and telephone number must be for the on-site technician and may be used by the Fire Department for contact)*

Reason for service: \_\_\_\_\_

### The following steps must be taken for out-of-service and in-service notifications:

1) Notify Central Station of Service

Central Station Company: \_\_\_\_\_

Phone Number and Contact Person: \_\_\_\_\_

2) Notify Local Fire Department (*Fax This Sheet and Notify Via Phone*)

Fire District: \_\_\_\_\_ Dispatcher ID #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Notify Islip Town Fire Marshal's Office (*By faxing this sheet to (631)224-5458*).

### Responsible party (Person completing form):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

***Failure to comply with this form and instructions will result in legal action.***