



Town of Islip - Division of Fire Prevention OFFICE OF THE FIRE MARSHAL

24 Nassau Ave, Islip NY 11751

Robert Doucet, Chief Fire Marshal
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Phone: (631)224-5477
Fax: (631)224-5458

FIRE PROTECTION SYSTEM NOTIFICATION FORM

General Information

Today's Date: ____/____/____

Address of Premises: _____

Name of Business: _____

System Being serviced: Fire Alarm Fire Sprinkler Fire suppression Other: _____

Service Start

Date: ____/____/____

Time: _____ am/pm

Service End

Date: ____/____/____

Time: _____ am/pm

Servicing Company Information

Name of Company: _____

Technician's Name: _____

Phone: (____)____ - _____

Reason for Service: _____

Is the fire protection system being taken offline during service? Yes No

If system is taken offline, a fire watch MUST be posted, as the Fire Department will not respond to automatic activations.

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

Step 1	Notify Central Station of affected systems	Central Station: _____ Contact Person: _____ Phone: (____)____ - _____
Step 2	Notify the local Fire Department via fax & phone	Fire District: _____ Phone: (____)____ - _____ Dispatcher ID# _____ Fax: (____)____ - _____
Step 3	Notify The Islip Town Fire Marshal's Office by faxing this sheet to (631) 224-5458	

Responsible Party Information (Person Completing Form):

Name & Title

Signature

(____)____ - _____
Phone

Completion of this form is required by law.

Failure to comply with the aforementioned instructions or to complete this form will result in legal action.