



Auburn Fire Rescue
 47 Auburn Street
 Auburn, Massachusetts 01501
 Phone 508-832-7800
 Fax 508-832-7803



Stephen M. Coleman, Jr.
 Chief of Department

Application for the Installation of a Fire Alarm System

Date _____

To: Head of the Fire Department, Auburn Massachusetts

In accordance with the provisions of M.G.L. Chapter 148, Section 26B application is hereby made for the installation of a Fire Alarm System at the following described location.

Installation Address _____

Name of Property Owner _____

Address of Property Owner _____

Name of Installer _____ License# _____

Address of Installer _____ Telephone# _____

It is agreed that the installation shall comply with all relevant provisions of 527 CMR, 780 CMR and NFPA 74.

Inspected and Approved By: _____ Date: _____

AUBURN FIRE DEPARTMENT
 CERTIFICATE OF COMPLETION
 FOR
 INSTALLATION OF FIRE ALARM SYSTEM

NAME OF PROPERTY OWNER _____

LOCATION OF PROPERTY _____

I hereby certify that this Fire Alarm System has been installed in accordance with the relevant provisions of 527 CMR, 780 CMR and NFPA 74 and that all components and devices associated with this system are in good working order at the time of inspection.

Inspected & Approved _____ Date _____