



As of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the following existing fire alarm system has changed service providers for monitoring. The undersigned service provider has completed tested every aspect of the existing fire alarm system identified herein, and it is in compliance with all applicable federal, state, and local codes, ordinances, and statutes.

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Name & Title of person completing this form (please print)

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Date

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Signature

### **Instructions**

This form is to be completed by the new fire alarm monitoring service provider and submitted to the authority having jurisdiction over the property where the services are being provided within 48-hours of a change in service providers to the fire alarm monitoring service.

Please email form to: [lifesafetyadmin@northcollierfire.com](mailto:lifesafetyadmin@northcollierfire.com)