

ALARM SYSTEMS

42 Attachment 1

Town of Fishkill

**Form No. TAS-1
Avoidable Alarm Incident Report**

Name of alarm user: _____

Address: _____

Date and location of avoidable alarm: _____

Incident #: _____

Fire Dept. name: _____ #: _____

Police Dept. #: _____

Provide a copy of incident to Fire Inspector's office.

Officer in Charge

(triplicate)

Original to owner
Copy to Fire Inspector
Copy to Fire/Police