

The Owner or Occupier

Important information please read.

Community Protection

Fire Alarm Support Manager
Fire Safety Headquarters
Old Budbrooke Road
Budbrooke, Warwick
CV35 7DP
Tel: 01926 410800
Fax: 01926 466212
firesafety@warwickshire.gov.uk
www.warwickshire.gov.uk

Dear Sir/Madam

Unwanted Fire Alarm Actuations

To reduce the number of false alarm calls received from automatic fire detection systems, Warwickshire Fire & Rescue are now contacting all premises where fire alarms are linked to remotely monitored alarm receiving centres (ARC's).

If your premises are linked to an ARC you must comply with this letter.

Following national guidance from the Chief Fire Officers Association and the Department of Communities and Local Government, all premises in Warwickshire with an **automatic fire alarm system linked to an alarm-receiving centre must now register with Warwickshire Fire and Rescue Service.**

Once registered, a "Unique Reference Number" (URN) will be issued to your system. This will be used by your "Alarm Receiving Centre" (ARC) on every occasion they contact Warwickshire Fire & Rescue Service. If you have more than one system, you should apply individually for a URN for each system.

If a URN is not issued and we receive false or unwanted calls from your ARC we will inform them that **we will no longer accept calls for your premises through them** and you will have to use the 999 telephone service if a fire was to occur. This may affect your insurance premiums in the future.

An application form is attached which should be completed with the help of your alarm maintenance company. It should then be forwarded **within 14 days from the date of this letter** to the above address. We will then issue a URN, which will be passed on to your ARC.

Yours faithfully

**Fire Alarm Support Manager
Warwickshire Fire and Rescue Service**



Awarded for excellence



INVESTOR IN PEOPLE

**WARWICKSHIRE FIRE & RESCUE SERVICE
URN APPLICATION FORM**

Details of Protected Premises:

Responsible Person for Fire Alarm System:

Company Name:

Address:

Post Code:

Telephone:

E-mail:

Fax No:

Type of Business:(e.g. Office, Factory, Care home, etc.)

Location of Premises giving 6 Figure Ordnance Survey Map Reference (if known):

Name and Address of Alarm Receiving Centre:

Manufacture and Model of Fire Alarm System:

Date Installed:

Name and Address of Fire Alarm Maintainer:

Copy of current Maintenance Certificates:

Enclosed

☐

None

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(please tick)

Name and Address of Installer of Fire Alarm System:

Number of Fire Detection Heads in the Premises:

Signed:

Name:

(print)

Position:

Date: