



OCEAN CITY FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
Fire Alarm Activation Report

Please Return Completed Forms To: Ocean City Fire Department
Office of the Fire Marshal
PO Box 158
Ocean City, MD 21843

Forms may also be submitted via fax to 410-289-8767 or email at ocfm@oceancitymd.gov

In accordance with the Town of Ocean City Fire Prevention Code, Article IV entitled, "Fire Alarm Systems", property owners of fire alarm systems which have activated due to unknown or preventable causes shall submit this form, when required, to the Office of the Fire Marshal within (15) days of notice of a fire alarm activation.

Name of property owner or representative: _____

Building Name & Address: _____

Name of company servicing the alarm: _____

Reason for Fire Alarm Activation: _____

Repairs or corrective measures performed to correct the problem:

For Fire Service Use Only

Location of Fire Alarm Activation: _____

Date and Time of Fire Alarm Activation: _____

Officer In Charge: _____