



**CITY OF DELAND**  
**FIRE DEPARTMENT**



**FALSE ALARM ACTIVATION AFTER ACTION WORKSHEET**

In accordance with the City of DeLand Ordinance Chapter 2B-6 entitled "Corrective Action Report", property owners of fire alarm systems which have activated due to unknown or preventable causes shall submit this form to the office of the Fire Marshal within (5) working days of receipt of this notice via mail, email, or in person to:

City of DeLand Fire Department  
343 W Howry Avenue, DeLand, FL 32720  
[fireprevention@deland.org](mailto:fireprevention@deland.org)

False Alarm Activation Date:

Incident Number:

Business/Occupant:

Business Address:

Owner/Representative:

Contact:

Name of Alarm Company Servicing Alarm:

Alarm Company Contact Information:

Reason for Alarm Activation:

Repairs or Corrective Measures Performed to Correct the Problem:

Name of Person Filling Out Form:

Title: