

# MARSHFIELD FIRE DEPARTMENT

## GENERAL BUSINESS INFORMATION FORM

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

FLOOR LEVEL (IF NOT FIRST FLOOR): \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE \_\_\_\_\_

MANAGER/2<sup>ND</sup> CONTACT: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE \_\_\_\_\_

FIRE ALARM SYSTEM:  YES  NO  SPRINKLER SYSTEM:  YES  NO

CENTRAL STATION NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

FIRE DEPARTMENT CONNECTION LOCATION: \_\_\_\_\_

DO YOU HAVE A LOCK BOX:  YES  NO  LOCATION \_\_\_\_\_

CONTACT PERSONS OR OTHER KEY HOLDERS, IF PROBLEM WITH ALARMS

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OTHER COMMENTS:

CONTACTS IN CASE OF EMERGENCY