COMMERCIAL FIRE SAFETY INSPECTION APPLICATION

PLEASE COMPLETE FORM IN ITS ENTIRETY.

BUSINESS INFORMATION **DATE:** _____

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Phone: _____ Email: _____

Type of Business: _____ Total Sq. Footage: _____

BUSINESS OWNER INFORMATION:

Name: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION: *(Three names required – in priority order)*

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

FIRE PROTECTION INFORMATION *WITH LAST INSPECTION DATES*

Fire Alarm Monitoring Company: _____

Fire Sprinkler Service Contractor: _____

Fire Extinguisher Service Contractor: _____

Knox Box Location: _____ Are keys up to date? ☐ Yes ☐ No