 **SAUK FIRE DISTRICT**  Date:Click or tap to enter a date.

 **Occupancy Information Data Sheet**

 (For Internal Use Only)

**Occupancy Name:**Click or tap here to enter text.

**Occupancy Address:**Click or tap here to enter text.

 Number Street City Zip PO Box/Suite

**Occupancy Phone #:** Click or tap here to enter text. **Occupancy Fax #:** Click or tap here to enter text.

**Hours of Operation:** Click or tap here to enter text.

**Occupancy Owner:** Click or tap here to enter text. **Owner Phone #:** Click or tap here to enter text.

**Owner Address:** Click or tap here to enter text.

 Number Street City Zip PO Box/Suite

Occupancy Owner Email: Click or tap here to enter text.

Is Occupancy Owner a Key Holder? Yes [ ]  No [ ]

Building Owner: Click or tap here to enter text.

Phone #: Click or tap here to enter text. Fax #: Click or tap here to enter text.

Building Owner Address: Click or tap here to enter text.

 Number Street City Zip PO Box/Suite

Building Owner Email: Click or tap here to enter text.

Is Building Owner a Key Holder? Yes [ ]  No [ ]

Does the Building/Business have a Knox Box? Yes [ ]  No [ ]

Does the Building/Business have Smoke Alarms? Yes [ ]  No [ ]

Does the Building/Business have Carbon Monoxide Alarms? Yes [ ]  No [ ]

Does the Building/Business have a Sprinkler System? Yes [ ]  No [ ]

 *If yes, what type of system is it?* Wet [ ]  Dry [ ]  Unknown [ ]

Does the Building/Business have a Fire Alarm System? Yes [ ]  No [ ]

Fire Alarm Company: Click or tap here to enter text.

Phone #: Click or tap here to enter text. Fax #: Click or tap here to enter text.

Does the Building/Business store/contain Hazardous Materials? Yes [ ]  No [ ]

 *If yes, please attach MSDS sheets and location of storage within building.*

Below, please provide information on emergency contact persons who we can contacted night or day in the case of an emergency at your building/business.

Emergency Contact 1:

Name: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Title/Position: Click or tap here to enter text. Email: Click or tap here to enter text.

Emergency Contact 2:

Name: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Title/Position: Click or tap here to enter text. Email: Click or tap here to enter text.

Emergency Contact 3:

Name: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Title/Position: Click or tap here to enter text. Email: Click or tap here to enter text.

Year Building was Built: Click or tap here to enter text.

Construction type: (wood frame, concrete, steel etc.) Click or tap here to enter text.

Roof Covering: (shingles, Rubber, Steel etc.) Click or tap here to enter text.

Please fill out form to the best of your knowledge and return to the Sauk City Fire Department. You can Email it to saukfireinspector@gmail.com or fax it to 608-643-3221, attention: Fire Inspector. Call 608-643-8282 with any questions.