



SAUK FIRE DISTRICT

Date: _____

Occupancy Information Data Sheet

(For Internal Use Only)

Occupancy Name: _____

Occupancy Address: _____

Number Street City Zip PO Box/Suite

Occupancy Phone # _____ Occupancy Fax # _____

Hours of Operation: _____

Occupancy Owner: _____ Owner Phone # _____

Owner Address: _____

Number Street City Zip PO Box/Suite

Occupancy Owner Email: _____

Is Occupancy Owner a Key Holder? Yes No

Building Owner: _____

Phone #: _____ Fax #: _____

Building Owner Address: _____

Number Street City Zip PO Box/Suite

Building Owner Email: _____

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: _____

Phone #: _____ Fax #: _____

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: _____ Phone #: _____

Title/Position: _____ Email: _____

Emergency Contact 2:

Name: _____ Phone #: _____

Title/Position: _____ Email: _____

Emergency Contact 3:

Name: _____ Phone #: _____

Title/Position: _____ Email: _____

Year Building was Built: _____

Construction type: (wood frame, concrete, steel etc.) _____

Roof Covering: (shingles, Rubber, Steel etc.) _____

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: Dan

Kirch, Fire Inspector. Call 608-643-8282 with any questions.