

OCCUPANCY INFORMATION FOR WARRENVILLE FIRE PROTECTION DISTRICT

(Date _____)

Please type or print legibly

Business Name		Phone #	FAX #
DATE OF OCCUPANCY		E Mail Address	
Street Address	Unit #	Mailing Address	
Business Owner Name	Home Address		Home Phone
			Pager / Cell
Building Owner Name	Home Address		Home Phone
			Pager / Cell
1st Key holder / Contact person		Pager / Cell	Home phone
2nd Key holder / Contact person		Pager / Cell	Home phone
3rd Key holder / Contact person		Pager / Cell	Home phone
Detector type			Number of stories
<input type="checkbox"/> smoke <input type="checkbox"/> heat <input type="checkbox"/> rate of rise <input type="checkbox"/> combination			
Complex name		Building Sprinklered	
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	
On site chemicals (detailed)			
Alarm monitored by:		Alarm repair service:	
<input type="checkbox"/> direct connect <input type="checkbox"/> radio		address:	
address:		phone #:	
phone #:			
MSDS forms sent to the Fire Station		<input type="checkbox"/> yes <input type="checkbox"/> no	
<i>for office use only</i>			
Box District #	Business Type	Date entered/ revised	

Please return by mail or FAX to:

Warrenville Fire Protection District
P.O. Box 51, Warrenville, IL 60555

FAX 630-393-4608

Any questions please call 630-393-1381