

Town of Farmington- Office of Fire Marshal

BUSINESS INFORMATION SHEET

Date: _____

Please Print all information

Business _____ Phone _____

Business Physical Address _____

Business Mailing Address _____

Manager _____ Phone/Email _____

Property Owner _____

Property Owner Mailing Address _____

Property Owners Phone _____ Owners Email _____

Emergency Contact(s)

1) _____ Phone _____

2) _____ Phone _____

Hours of operation _____ Employees per shift _____

Does the structure(s) Contain:

Sprinkler System? YES or NO Location of Shut-off/ Riser _____

Fire Alarm System? YES or NO Location of Alarm Panel _____

Ansul System? YES or NO Location of Ansul System _____

Alarm Monitoring Agency? _____ Phone _____

Grease Trap? YES or NO Location of Grease Trap _____

Oil Separator? YES or NO Location of Oil Separator _____

Natural Gas/ Propane Location of Shut-off(s) _____

Electric Main Disconnect Location _____

Knox Box? YES or NO Location of Knox Box _____

Hazardous Materials? YES or NO Location/ Amount Stored _____

Return this form to the Fire Marshal.