

# LYONS FIRE DEPARTMENT

## BUSINESS QUESTIONNAIRE

Please Type or Print:

New Entry     Update Only

Business Information

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Building and Grounds Telephone: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

-----

Does your company have a fire alarm system?     Yes     No

*If Yes, Name of Alarm Co:* \_\_\_\_\_

Alarm Co Phone #: \_\_\_\_\_

Type of Alarm:     Phone Dialer     City Tie     Local

Who does it call?     Fire Dept.     Alarm Company     911 Center

Is there a Knox Box installed?     Yes     No

Does the building have a sprinkler system?     Yes     No

Does the building have confined spaces?     Yes     No

*If Yes, List:* \_\_\_\_\_

\_\_\_\_\_

Does the building have hazardous materials?     Yes     No

*If Yes, List:* \_\_\_\_\_

\_\_\_\_\_

Miscellaneous Information

Please list, in order to be called, after hour contacts below. Indicate if contact is a Manager, Owner, Employee, etc. Also indicate if phone number listed, is a (H)ome, (C)ell, (P)ager, or (W)ork number.

Please Type or Print:

#1 Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Title: \_\_\_\_\_ # 2: \_\_\_\_\_

# 3: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Title: \_\_\_\_\_ # 2: \_\_\_\_\_

# 3: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Title: \_\_\_\_\_ # 2: \_\_\_\_\_

# 3: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Title: \_\_\_\_\_ # 2: \_\_\_\_\_

# 3: \_\_\_\_\_

-----

**FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_