

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: ____/____/____