

EMERGENCY RESPONSE INFORMATION

FIRE INSPECTION PRINCIPALS DATA

Apartment Address: _____

Account Number: _____
(located under subject title of enclosed cover letter)

BILLING INFORMATION

Billing Name: _____

Billing Address: _____

BUILDING OWNER

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Manager's Phone: _____

EMERGENCY CONTACT

Contact 1: _____ Phone: () _____

Contact 2: _____ Phone: () _____

Contact 3: _____ Phone: () _____

Note: Persons listed shall be readily available and listed in the order in which they should be contacted. These numbers are not for public use and are kept for emergency use only.

Does your apartment complex have a locked security gate or locked building entrance?

Yes No

If yes, do you have a Knox box/key switch? Yes No

How many/what type? _____

If no, please contact the Fire Department at (916) 808-1300 to obtain information regarding Knox box program or contact Knox box directly at www.knoxbox.com or 1-800-552-5669.

PROTECTION SYSTEM

Fire Sprinkler System: Yes No; if yes, please provide 5 year certification date: _____

After submitting this form, should any of the above information change, please contact the Fire Department immediately at (916) 808-1300.

Please make sure BOTH forms are filled out completely and returned with your payment.

Signature Title Date