

Port Washington Fire Department

Home owner / Occupant Information Form

OCCUPANT INFORMATION

Occupant	Last Name	
	First Name	
	Street #	
	Street Name	
	Suite / Apt.	
	Nearest Cross Street	
	Phone #	

OWNER INFORMATION

Owner	Last Name	
	First Name	
	Street #	
	Street Name	
	Suite / Apt.	
	Town / State / Zip	
	Phone #	

PROPERTY INFORMATION

Info	Property Use	Circle one:	1 Family	2 Family	Mult. Family	Commercial Use		
	Width							
	Length							
	Height							
	Stories	Circle one:	1	2	3	4	5	6
	Basement							
	Garage	Circle one:	Yes / No		Circle one:	Attached/ Detached		

EMERGENCY CONTACT INFORMATION

Info	Contact # 1	Name			Number	
	Contact # 2	Name			Number	

BUILDING CONSTRUCTION INFORMATION

Construction	Walls				
	Roof				
	Ceiling				
	Floor				
	Light Weight Construction?	Yes / No	Type:		

UTILITIES / SERVICES

Utilities	Electric Panel Location			
	Gas Meter Location			
	Water Valve Location			
	Solar Panels	Yes / No	Disconnect Location:	
	Heating	Yes / No	Heating Unit Location:	

TODDLERS / HANDICAP

Special	Type			
	Name		Bedroom Location	
	Type			
Name		Bedroom Location		