

# 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			