

Company Name: ..... Sq. Ft./Metre  
of Bus. Space .....  
Street Address: .....  
..... Postal Code: ..... % of Space  
Used as Office .....  
Phone No: ..... Fax No: ..... No. of Floors: Retail .....  
Office .....



Residential .....  
Manufacturing .....  
Basement: Full .....  
Percentage of .....  
Total No. of Employees .....  
Normal No. of Shifts .....  
Building Owned:.....

Standard Industrial Classification: (if known)     Building Leased:.....

Building Owner: Name: .....  
Address: .....  
Street No. Street City  
Phone No. Bus: (.....) ..... Res: (.....).....

Business Owner: Name: .....  
Address: .....  
Street No. Street City  
Phone No. Bus: (.....) ..... Res: (.....).....

Parent Company and Location if Applicable: Name: .....  
Address: .....  
Street No. Street City  
Phone No. Bus: (.....) ..... Res: (.....).....

Subsidiary Company and Location if Applicable: Name: .....  
Address: .....  
Street No. Street City  
Phone No. Bus: (.....) ..... Res: (.....).....

Operations: (Using words & brief description; manufacturing, distribution, warehousing, wholesale, installation, assembly, sales etc.)  
.....

.....  
**Special Hazards:**.....  
.....

**Company Managers:**

1. Name:.....  
Res. Phone No.:..... Unlisted.....

2. Name:.....  
Res. Phone No.:..... Unlisted.....

3. Name:.....  
Res. Phone No.:..... Unlisted.....

**Keyholders:**

1. Name:.....  
Res. Phone No.:..... Unlisted.....

2. Name:.....  
Res. Phone No.:..... Unlisted.....

3. Name:.....  
Res. Phone No.:..... Unlisted.....

**Security: Name of Company:**.....  
**Phone No.:**.....

**Above Information Provided By:**..... **Date:**.....  
Company Employee

**Best Municipal Hydrant:**.....

**Please Print:**..... **Date:**.....  
Fire Department Employee

**Does not wish to release information.**