



Ashwaubenon Department
of Public Safety
2155 Holmgren Wy
Ashwaubenon, WI 54304

FIRE PREVENTION DEPARTMENT BUSINESS INFORMATION LOG

Business Information

Business Name: _____ Business Type: _____

Phone Number: _____ Fax Number: _____

Business Address: _____ Suite #: _____
(Street, City, State, Zip Code)

Mailing Address (if different): _____ Suite #: _____
(Street, City, State, Zip Code)

Website: _____ Email (For Inspection Report): _____

Business Owner Name: _____ Business Owner Phone: _____

Owner Home Address: _____
(Street, City, State, Zip Code)

Normal Business Hours: _____ Dog on Premises? Y / N Security Guard on Premises? Y / N Armed? Y / N

Security Company: _____ Address: _____

Alarms

Burglar? Y / N

Intrusion? Y / N

Fire? Y / N

Alarm Company Name: _____ Phone: _____

Alarm Company Address: _____
(Street, City, State, Zip Code)

Building Information

Building Owner Name: _____ Building Owner Phone: _____

Building Owner Address: _____
(Street, City, State, Zip Code)

If Owned by a Company, Contact Person: _____

Phone Number: _____ Fax Number: _____

Hazardous Materials on Site: _____

Additional Comments: _____

Emergency Contact Persons with Keys; Who Live Within the Greater Green Bay Area:

	Name	Position/ Title	Home Address	Home Phone	Cell Phone
1					
2					
3					
4					
5					
6					