

**ADRIAN FIRE DEPARTMENT**  
**Emergency Response Information**  
(Please copy and fill out one for each building on site)  
Fax #: 264-2782

Date: \_\_\_\_\_

Building Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Persons To Contact – List Nearest Person First (key holder):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal Occupancy: \_\_\_\_\_

Hydrant Locations: \_\_\_\_\_

Entry Points: \_\_\_\_\_

Ventilation Points: \_\_\_\_\_

Sprinkler System:    Yes    No    Type/Location: \_\_\_\_\_

Standpipe System    Yes    No    Type/Location: \_\_\_\_\_

Alarm System        Yes    No    Type/Location: \_\_\_\_\_

Name & Phone # of Alarm Company: \_\_\_\_\_

Supra Box: Yes        No        Location: \_\_\_\_\_

Utility Shutoff Locations:

Gas: \_\_\_\_\_ Electric: \_\_\_\_\_ Water: \_\_\_\_\_

Number of People in Building:    Day: \_\_\_\_\_    Night: \_\_\_\_\_

Construction Type: (check one)

Brick/Wood        Wood Frame        Masonry        Fire Resistive        Other

Roof Construction: (check one)

Tile:        Shingle:        Metal:        Wood Shingle:        Other: \_\_\_\_\_

Basement:    Yes    No    Type: \_\_\_\_\_

Access Points \_\_\_\_\_

# of stories \_\_\_\_\_ Square foot per floor \_\_\_\_\_

Other information: \_\_\_\_\_