

Cedarburg Fire Department Occupancy Update Sheet

Please fill out all information as thoroughly as possible.

Business/Building Name: _____
Business/Building Address: _____
Primary Phone Number: _____ Primary Email Address: _____
Mailing Address (if different from above): _____

Primary Contact (required)

Name: _____ Home Address: _____
Primary Phone: _____ Secondary Phone: _____ Email: _____
Use this person as an Emergency Contact/Key Holder? Circle one. YES/NO

Secondary Contact (optional)

Name: _____ Home Address: _____
Primary Phone: _____ Secondary Phone: _____ Email: _____
Use this person as an Emergency Contact/Key Holder? Circle one. YES/NO

Other Contact (optional)

Name: _____ Home Address: _____
Primary Phone: _____ Secondary Phone: _____ Email: _____
Use this person as an Emergency Contact/Key Holder? Circle one. YES/NO

Building Owner (required)

Name: _____ Home Address: _____
Primary Phone: _____ Secondary Phone: _____ Email: _____
Use this person as an Emergency Contact/Key Holder? Circle one. YES/NO

Fire Protection System Information

Is there a Sprinkler System in the building? YES/NO

Where is the Fire Department Connection Located? _____

Where is the Sprinkler Riser Located? _____

What type of system is installed (Wet/Dry/Combination)? _____

Standpipe location(s): _____

Is there a Fire Alarm/Detection System in the building? YES/NO

Annunciator Panel (FAAP) Location? _____

Main Alarm Panel (FACP) Location? _____

Name of Monitoring Company? _____

Is there a Special Agent System installed? YES/NO

What Special Agent is used? _____

Where are the system controls located? _____

Anything we should know regarding Special Agent? _____

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Pre-Plan Information

Knox Box Location (if applicable): _____ Keys updated: YES/NO

Gas Shutoff Location: _____ Electrical Panel location: _____

Square footage of Building: _____ Occupant Load (if already known): _____

Square footage of Occupancy (If in a building with multiple occupancies): _____

Elevator Location(s): _____

Area of Rescue Assistance (ARA) Location(s): _____

Are there any dangerous/toxic/explosive/etc. chemicals stored at this location? List them:

Any additional comments: _____

Please return form to:

Cedarburg Fire Department
ATTN: Fire Inspector Blake Karnitz
W61 N631 Mequon Ave.
Cedarburg, WI 53012
PO Box 327
Fax: (262)375-9203

If you have any questions, feel free to call the station at (262)376-7632, or e-mail me at

bkarnitz@ci.cedarburg.wi.us

Form completed by: _____ Date: _____