



Northville Township Fire Department

Commercial Property Information and Emergency Contact Form

Date: _____

Business Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Website: _____

Email Address: _____

Complex Name: _____

Complex Owner: _____

Complex Owner Phone: _____

For office use only:

Own Lease

Fire Suppression System: Yes No

Riser Located Within: Yes No

Location: _____

Fire Alarm System: Yes No

Alarm Panel Located Within: Yes No

Location: _____

FDC: Yes No

Location: _____

Knox Box On Site: Yes No

Location: _____

Knox Box Updated: Yes No

Emergency Contact Information #1

Name: _____

Title: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Emergency Contact Information #2

Name: _____

Title: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Please mail or fax this form to the information below or email this form to thughes@twp.northville.mi.us

For office use only:

Sq. Ft.: _____ Number of Floors: _____ Basement: Yes No Knox Box Keys Labeled: Yes No

Occupancy Type: _____ District: _____ Entered into FRMS: Yes No By: _____