

*Sterling Heights Fire Prevention Division
Facility Contact Information Form*

BUSINESS INFORMATION

BUSINESS NAME: _____ CITY REGISTRATION: _____

BUSINESS ADDRESS: _____

CITY: STERLING HEIGHTS STATE: MICHIGAN ZIP: _____

BUSINESS PHONE #: _____ OWNER PHONE # _____

BUSINESS OWNER NAME: _____

BUSINESS OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PHONE NUMBERS

PRIMARY CONTACT: _____ TITLE: _____

PHONE #: _____

SECOND CONTACT: _____ TITLE: _____

PHONE #: _____

THIRD CONTACT: _____ TITLE: _____

PHONE #: _____

PROPERTY INFORMATION

OWNER/LANDLORD: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

MANAGEMENT COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

This information is kept strictly confidential for the sole use of the Sterling Heights Fire Prevention Division. Please fax to 586-726-7007 when complete or email to krhoades@sterling-heights.net.