|  |  |
| --- | --- |
| Fairhaven Fire Department  146 Washington St  Fairhaven,MA 02719  508-994-1428 | Fairhavenfire.org |  |

**Business Information**

|  |
| --- |
| Name of Business: |
| Address of Business: |
| Business Fax Number: |
| Email Address\* |

* If you wish to receive your inspection report via email rather than mail please check box

|  |
| --- |
| Business Owner: |
| Address of Owner: |
| Owner’s Telephone: Home: Cell: |
| Additional Business Owners: |
| Additional Owner’s Address: |
| Additional Owner’s Telephone: |

|  |
| --- |
| **Property Owner Information (**If different from Business Owner)  Name of Property Owner |
| Address of Property Owner |
| Property Owner Telephone |

**Emergency Contact Numbers (**persons other than the owner(s) that have access to the building) Is there any other information you would like to share about your child?

|  |  |  |
| --- | --- | --- |
| Name | Home Telephone | Mobile Telephone |
|  |  |  |
|  |  |  |
|  |  |  |

Form completed by: Date: