

Property Information Report

Date: _____

Time: _____

Taken By: _____

Business/Residence

Name: _____ Suite #: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Owner Name: _____

Owner Phone: _____ Cell: _____ Fax: _____

Email: _____

Building

Section: _____ Block: _____ Lot: _____

Legal Address of Building: _____

Building Owner Name: _____

Building Address: _____

Building Owner Phone: _____ Cell: _____ Fax: _____

Email: _____

Landlord/Superintendent Name: _____

Landlord/Superintendent Phone: _____ Cell: _____

Fax: _____ Email: _____

Emergency Contact Information

Business/Residence Owner Contact Phone: _____

Cell: _____

Fax: _____

Building Owner Contact Phone: _____

Cell: _____

Fax: _____

Landlord/Superintendent/Manager Contact

Phone: _____

Cell: _____

Fax: _____

Comments

Building Inventory:

Fire Sprinkler:	YES	NO
Fire Alarm:	YES	NO
Automatic Extinguishing System:	YES	NO
Elevator:	YES	NO