

Mansfield Township Bureau of Fire Prevention
3135 Route 206 South
Suite D
Columbus NJ 08022

Phone-609-298-5325x102
Fax 609-298-8429

FIRE SAFETY USE REGISTRATION

Business Name: _____

Business Type: _____

Address: _____

Date: ___/___/___

Business Phone Number (___) ___ - ___ Business Fax. Number (___) ___ - ___ E-Mail Address _____

Mail correspondence to: _____

Business Owner Name: _____

Address: _____ Phone: (___) ___ - ___

Federal I.D. # ___ - _____

Property Owner Name: _____

Address: _____

Phone: (___) ___ - ___

Federal I.D. ___ - _____

Emergency Contact (AFTER HOURS) must list three responsible persons with access and availability

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Note: any change in emergency contact information shall be immediately reported.

Manager / Contact- Name: _____

Phone Number: _____

Block and Lot _____ - _____

Number of stories: _____ Square footage of each Story: _____, _____, _____

Type of Construction: _____ Type of Roof support (Truss type) _____

Suppression System(s): _____

Alarm Company: _____