

**WALL TOWNSHIP BUREAU OF FIRE PREVENTION**

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**Business & Building Owner Information:**

Today's Date: \_\_\_\_\_ Business Move in Date: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite / Building Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Use: \_\_\_\_\_

Business Square Footage: \_\_\_\_\_

**Business Owner's Information**

Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

Business Owner's Phone: \_\_\_\_\_

Business Owner's Email Address: \_\_\_\_\_

**Building Owner Information**

Building Owner's Name: \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_

**Emergency Contact Information:**

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**The above information will only be available to the Wall Township Fire Prevention Bureau and the Wall Township Police Department if needed for an emergency.**