

**GARFIELD HEIGHTS FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

CHANGE OF OCCUPANCY

Date:	
Occupant Address:	
Former Occupant's Business Name:	
New Occupant's Business Name:	
Phone:	
Type of Business:	
New Occupant's Business Owner:	
Name:	
Address:	
Phone:	
Building Owner:	
Name:	
Address:	
Phone:	
Emergency Contact Numbers:	
Name:	
Phone:	
Name:	
Phone:	

GARFIELD HEIGHTS BUSINESS
POLICE DEPARTMENT EMERGENCY DIRECTORY INFORMATION

Please print or type

Business Name: _____
Address Number: _____ Street: _____
Garfield Heights, Ohio Zip: _____
Phone #1: _____ Phone #2: _____

Business Owner, Last Name: _____ First: _____ MI: _____ Title: _____
Owner Address: _____ Phone: _____
City/State/Zip: _____

Alarm Company: _____ Phone: _____
Type of Business: _____ Haz-Mat Code: _____

EMERGENCY NOTIFICATION

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Date Completed: _____ Completed by: _____

MISCELLANEOUS INFORMATION