



CITY OF WOODLAND

FIRE ♦ RESCUE ♦ EMS

ALSO PROUDLY SERVING CLARK COUNTY FIRE DISTRICT 2

Occupancy Survey

In order to help us better prepare for our inspections we ask that you please answer the following questions and return this form to:

Woodland Fire Department
Attn: Jared Hargrave
P.O. Box 9
Woodland, WA 98674

Name of Business/Organization _____

Street Address _____

Mailing Address _____

Business/Organization Phone Number (____) _____ - _____

Contact Name _____

What is the best time to contact this person? _____

Type of Business/organization _____

Is your business/organization operated out of your home? Yes No

Do you have a Fire Alarm or Fire Suppression system in your business/organization?

Yes No

Do you handle/use any hazardous materials on-site? Yes No

Person filling out this form _____ Date _____

Thank-you for assisting us in providing exceptional service to our community!