

BUSINESS INFORMATION UPDATE FORM**MERCED FIRE PREVENTION DIVISION**99 E. 16TH ST.
MERCED, CA 95340
(209) 385-6830Please **PRINT** all information.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If you have questions, please call **(209) 385-6830** or
email **fireprevention@cityofmerced.org****BUSINESS NAME & ADDRESS**

Business Name (Include DBA, if applicable)	Date Business Commenced Operating	D D M M Y Y Y Y	
Street Address	Suite / Apt. # Range		
Zip Code	Business Phone No.		
Apt. # of Units	E-Mail Address		

BUSINESS MAILING INFORMATION: SAME AS BUSINESS ADDRESS?

Name			
Street Address		Suite / Apt. #	
City	State	Zip Code	
E-Mail Address			
Phone No.		Alternate Phone No.	

BUSINESS OWNER

Business Owner Name			
Street Address		Suite / Apt. No's.	
City	State	Zip Code	
Email Address			
Phone No.		Alternate Phone No.	

EMERGENCY CONTACT INFORMATION (PROVIDE TWO NAMES)

Emergency Contact Name	Telephone Number
E-Mail Address	
Emergency Contact Name	Telephone Number
E-Mail Address	

PROPERTY MANAGER

Property Manager Name			
Street Address		Suite / Apt. No's.	
City	State	Zip Code	
E-Mail Address			
Phone No.		Alternate Phone No.	

FOR FIRE DEPARTMENT USE ONLY

FH Account No.	[] [] [] [] [] [] [] []						
Entered by	Date	D D M M Y Y Y Y					
SunGuard Account No.	[] [] [] [] [] [] [] []						
Entered by	Date	D D M M Y Y Y Y					