



# CLAY FIRE

18355 Auten Road • South Bend, IN 46637

Telephone: (574) 272-2144

Fax: (574) 272-4043

Internet: www.clayfd.com

## Occupancy Update

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

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

Suite/Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Fax, or mail this form to the above address or e-mail to [rmelser@clayfd.com](mailto:rmelser@clayfd.com). Thank you for your help!

## Company Representatives

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type: \_\_\_\_\_ (Owner, Key Holder, Maintenance)

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type: \_\_\_\_\_ (Owner, Key Holder, Maintenance)

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type: \_\_\_\_\_ (Owner, Key Holder, Maintenance)

## Fire Protection System

Sprinkler System: \_\_\_\_\_ (Yes or No) Expires: \_\_\_\_\_ (Date)

Hood System: \_\_\_\_\_ (Yes or No) Expires: \_\_\_\_\_ (Date)

Alarm System: \_\_\_\_\_ (Yes or No) Expires: \_\_\_\_\_ (Date)