

# 2024 / 2025 Storey County

## REQUIRED

Business License Account #: \_\_\_\_\_

Sq. Ft.: \_\_\_\_\_ # Employees: \_\_\_\_\_ Units: \_\_\_\_\_

### DISPATCH CENTER INFORMATION

Please complete ALL applicable information. Return ASAP.

We need the following information on record at the Storey County Dispatch Center for emergency response – **this information is mandatory**. This will help in getting viable and accurate response to your place of business in case of an emergency. Persons on this form should be able to respond within 30 minutes, no more than one hour and be available 24 hours a day, 365 days a year. As a safeguard to your business please keep a copy of this form on file and call Storey County Dispatch Center, as information needs to be updated.

Business name: \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Corporate Name (if different than above): \_\_\_\_\_

Corporate main office phone number (if different than above): (\_\_\_\_) \_\_\_\_\_

What is the address at the rear of the building? \_\_\_\_\_  NONE

Is this a residence?  YES  NO \_\_\_\_\_

### Emergency Contact Information:

1. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

2. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

3. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

4. **Building Owner** name: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

**Knox Box** with keys to locked buildings on premises?  Yes  No

(If no, contact Storey County Fire Marshal for details, 775-847-0954)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Property, Building, Occupant Information

- **Special Hazard**

- Do You Have any Special Hazards please list? \_\_\_\_\_
- Quantity of Special Hazard (HAZMAT Materials)? \_\_\_\_\_

- **Monitoring**

- Fire Sprinkler Monitoring Company Name & Phone # \_\_\_\_\_
- Fire Alarm Monitoring Company Name & Phone # \_\_\_\_\_

- **Dimensions**

- Total Square Feet? \_\_\_\_\_
- Stories Above Grade? \_\_\_\_\_
- Stories Below Grade? \_\_\_\_\_
- Number of Rooms or Units? \_\_\_\_\_

- **Business Operation**

- Hours of Operation; **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_
- Open to Public; **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_
- Emergency Action Plan? (Yes or No) \_\_\_\_\_

- **Occupancy**

- Occupancy Load 0800 - 1700hrs? \_\_\_\_\_
- Occupancy Load 1700 – 2300hrs? \_\_\_\_\_
- Occupancy Load 2300 – 0800hrs? \_\_\_\_\_

- **Shutoffs**

- Type (**Circle all that Apply**): Electrical Main/Elevator Override/Gas Main/Liquid Propane Gas/Other/Sprinkler Main/Water Main/Other \_\_\_\_\_
- Location (s)? \_\_\_\_\_

- **Knox Box**

- Location(s)? (If Applicable) \_\_\_\_\_

- **Exits**

- # of Side A (**Street Side**) Exits? \_\_\_\_\_
- # of Side B (**Left Side**) Exits? \_\_\_\_\_
- # of Side C (**Rear**) Exits? \_\_\_\_\_
- # of Side D (**Right Side**) Exits? \_\_\_\_\_

If you have any questions or need assistance with the process, please feel free to contact Storey County Fire Marshal at (775) 847-0954 ext. 5