UNIFORM CODE FIRE NOTIFICATION

OWNER/OCCUPANT	DATE
LOCATION	FIRE INCIDENT No
LOCATION STREET ROUTE	
CITY, TOWN, VILLAGECOUNTY	TELEPHONE ()
To reduce the possibility of another fire causing further damage or	injury, the fire department is required to complete the following notification:
any structural damage, fuel burning appliance, chimney	hould occur in any chimney, smokestack, fuel, gas vent, smoke pipe or
If Section 108 PMC-NYS applies, did this fire involve the	e primary source of heat?YesNo
This form is to verify that the above names individual has be	een notified of their obligation.
OWNER/OCCUPANT Signature	
Fire Department Officer:	Code Enforcement Officer:
Name	Name
Title	Title
Address	Address
Telephone ()	Telephone ()

Copies To: Occupant, Owner, Code Enforcement, Fire Department