

# BROOKLYN FIRE DISTRICT

## PROPERTY INVENTORY UPDATE

<p><b>IF NO CHANGES SINCE LAST YEAR DO NOT COMPLETE AND RETURN THIS FORM</b></p> <p><b><u>Occupants Names:</u></b></p> <p>_____</p> <hr/> <p><b>Address:</b> _____</p> <p><b>Zip:</b> _____</p> <p><b>Phone:</b> _____ - _____ - _____</p> <p><b><u>Check Location of Residence:</u></b></p> <p><input type="checkbox"/> Brooklyn Village      <input type="checkbox"/> Rutland Township</p> <p><input type="checkbox"/> Brooklyn Township      <input type="checkbox"/> Union Township</p> <p><input type="checkbox"/> Oregon Township</p> <hr/> <p><b><u>Check County:</u></b>    <input type="checkbox"/> Dane    <input type="checkbox"/> Green    <input type="checkbox"/> Rock</p> <hr/> <p><b><u>If same as above leave blank:</u></b></p> <p><b>Owner:</b> _____</p> <p><b>Address:</b> _____ <b>Zip:</b> _____</p> <p><b>Phone:</b> _____ - _____ - _____</p> <hr/> <p><b><u>Check Property Use:</u></b></p> <p><input type="checkbox"/> 16 Restaurant food/drinking establishment</p> <p><input type="checkbox"/> 40 Business with residential</p> <p><input type="checkbox"/> 41 One or two family residential</p> <p><input type="checkbox"/> 42 Multi-family residential</p> <p><input type="checkbox"/> 51 Sales Use</p> <p><input type="checkbox"/> 52 Service Use</p> <p><input type="checkbox"/> 65 Farm</p> <p><input type="checkbox"/> Other _____</p>	<p><b><u>Check Dwelling Construction Type:</u></b></p> <p><input type="checkbox"/> 1. Fire Resistive Type A</p> <p><input type="checkbox"/> 2. Fire Resistive Type B</p> <p><input type="checkbox"/> 3. Metal Frame Protected</p> <p><input type="checkbox"/> 4. Heavy Timber</p> <p><input type="checkbox"/> 6. Metal Frame Unprotected</p> <p><input type="checkbox"/> 7. Wood Frame Basement Finished</p> <p><input type="checkbox"/> 8. Wood Frame Basement Unfinished</p> <p><input type="checkbox"/> 9. Exterior Masonry Unprotected</p> <hr/> <p><b><u>Check Roof Covering Type:</u></b></p> <p><input type="checkbox"/> 0. Undetermined. Not reported.</p> <p><input type="checkbox"/> 1. Tile (Clay, Cement, Slate, etc.)</p> <p><input type="checkbox"/> 2. Composition Shingles (Asphalt)</p> <p><input type="checkbox"/> 3. Wood Shakes/Shingles (Treated)</p> <p><input type="checkbox"/> 4. Wood Shakes/Shingles (Untreated)</p> <p><input type="checkbox"/> 6. Metal</p> <p><input type="checkbox"/> 7. Built Up</p> <p><input type="checkbox"/> 8. Structure Without Roof</p> <p><input type="checkbox"/> 9. Roof Covering Not Classified</p> <hr/> <p><b><u>Structure Data:</u></b></p> <p><b>Number of Stories:</b> _____</p> <p><b><u>Total Floor Area (Sq. Ft.)</u></b> _____</p> <hr/> <p><b><u>Check Alarm System:</u></b></p> <p><input type="checkbox"/> 1. Manual Pull Station, On Site Sound</p> <p><input type="checkbox"/> 2. Heat/Smoke Detector, On Site Sound</p> <p><input type="checkbox"/> 3. Central Station, Monitored On Site</p> <p><input type="checkbox"/> 4. Smoke Detector</p> <p><input type="checkbox"/> 9. No Alarm System</p>
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<b>EMERGENCY INFORMATION:</b>			
<b><u>Emergency contact #1</u> Name:</b> _____	<b>Phone #1</b>	_____ - _____ - _____	
<b>Key Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Phone #2</b>	_____ - _____ - _____	
<b><u>Emergency contact #2</u> Name:</b> _____	<b>Phone #1</b>	_____ - _____ - _____	
<b>Key Holder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Phone #2</b>	_____ - _____ - _____	

(MORE ON THE BACK)

Number Of Occupants During  
Day-Time Hours: \_\_\_\_\_

Number of Occupants During  
Night-Time Hours: \_\_\_\_\_

### Utility Shut Off Locations:

Electric Shut Off: \_\_\_\_\_

Gas Shut Off: \_\_\_\_\_

Water Shut Off: \_\_\_\_\_

#### Check Utility Suppliers:

Brooklyn Water and Sewer       Alliant Energy       Evansville Water and Light

#### Check Electric Supply Type:

Overhead     Underground

#### Check Sewer System Type:

Municipal       Septic

#### Check Electrical Size In Amps:

60     100     200     400

#### Check Type of Heating System:

1. Forced Air     3. Forced Air/Passive Solar     5. Solar  
 2. Hot Water     4. Hot Water/Passive Solar

#### Check Type of Water Heater:

1. Gas       3. Electric  
 2. Oil       4. Wood

#### Check Type of Heating Fuel:

1. Gas       3. Electric  
 2. Oil       4. Wood

Driveway Length: \_\_\_\_\_ feet  
Distance to Next Building: \_\_\_\_\_ feet

Attic:  Yes     No  
Attic Best Access: \_\_\_\_\_

#### Check Foundation Material:

1. Wood  
 2. Concrete  
 3. Metal  
 4. Brick or Block  
 5. Other \_\_\_\_\_

#### Check Exterior Material:

1. Wood  
 2. Concrete  
 3. Metal  
 4. Brick or Block  
 5. Other \_\_\_\_\_

#### Check Roof Shape:

1. Flat  
 2. Peaked  
 3. Raked  
 4. Bowstring  
 5. Mansard  
 6. Other \_\_\_\_\_

Are there any hazardous materials on location? If yes, what, where. (Use additional pages if necessary)

Are there any anticipated problems? Please also include if there are any medical problems we should be aware of and where children would be located.