



DELTA FIRE & EMERGENCY SERVICES

FIRE PREVENTION & FIREWORKS BYLAW 5855, 2001
BUSINESS OWNER/OCCUPANT CONTACT INFORMATION

Business Name: _____

Business Address: _____ Unit# _____

Business Email: _____

Please enter your business contact information then Fax back to **604-946-0436**

Contact Name # 1: (604) _____

Phone Number # 1: (604) _____

Cell Phone # 1: (604) _____

Pager # 1 (604) _____

Contact Name # 2: (604) _____

Phone Number # 2: (604) _____

Cell Phone # 2: (604) _____

Pager # 2 (604) _____

Contact Name # 3: (604) _____

Phone Number # 3: (604) _____

Cell Phone # 3: (604) _____

Pager # 3 (604) _____

FPS Use Only

| | | | | | |
|-------------------|--|---------|--|-------|--|
| Entered on FDM | | Signed: | | Date: | |
|-------------------|--|---------|--|-------|--|