

FIRE SPRINKLER REGISTRATION FORM
(Complete and return within 30 days of notification)
Must be typed or legibly printed
(518) 279-7180

Return forms must be submitted or mailed to:
City of Troy
Bureau of Code Enforcement
433 River Street
Troy NY 12180

Building Location (required)

Building Name: _____

Building Address: _____

Building Owner's Name: _____

Building Owner's Address: _____ Phone # _____

Fire Sprinkler System Information

- System Active
 System Not Active

System Type

- Wet System
 Dry System

Last Inspection

Name of Company Performing Last Inspection: _____

Date of Last Inspection: _____ Name of Inspector: _____

Inspection: Pass Fail **PLEASE ATTACH COPY OF LAST INSPECTION REPORT**

NO Fire Sprinkler System (If there is no system installed, please check the box below. Complete Building Location Info and sign the form).

- There is NO fire sprinkler system at this location.

I certify that the information in this registration is true and complete to the best of my knowledge.

Building Owner Signature: _____ Date: _____

Additional Contact Name/Title: _____ Contact # _____