

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

Building Location (required)

Building Name: _____

Building Address: _____

Building Owner's Name: _____

Building Owner's Address: _____ Phone # _____

Fire Sprinkler System Information

System Type

☐ System Active

☐ Wet System

☐ System Not Active

☐ 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**

Contact Information For our records we require a name/number for both general and emergency contact.

General (Name/Title): _____ Phone # _____

Emergency (Name/Title): _____ Phone # _____

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: _____

Returned forms can be submitted to firesprinklers@troyny.gov or mailed to:

City of Troy
Fire Sprinkler Registry
Bureau of Code Enforcement
433 River Street
Troy NY 12180

August 27, 2024