

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

<input type="checkbox"/> System Active	<input type="checkbox"/> Wet System
<input type="checkbox"/> System Not Active	<input type="checkbox"/> 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