

# South County Fire Alarm Premis Information

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

## Premis Information


Date to Purge Premis \_\_\_\_\_

Chief Officer \_\_\_\_\_

Complete this form and fax it to SCFA at (314) 892-9016