



**ESSEX COUNTY OFFICE OF
EMERGENCY SERVICES
ENHANCED 911**
702 STOWERSVILLE ROAD
LEWIS, NY 12950
OFFICE 518-873-3900 / FAX 518-873-3963



**ESSEX COUNTY BUREAU OF FIRE
REQUEST FOR FIRE DATA**

Information Requested: _____

Date of Request: _____ **Reason for Request:** _____

Company/Agency Requesting Information: _____

Company/Agency Address: _____

Company/Agency Telephone #: _____ **Fax #:** _____

Contact Person: _____ **Telephone #:** _____

Address (If Different from Company/Agency Address): _____

Date of Fire: _____ **Fire District:** _____

Occupant's Name & Address: _____

Occupant's Telephone #: _____ **Alternate #:** _____

Owner's Name & Address (If Not the Occupant): _____

Owner's Telephone #: _____ **Alternate #:** _____

**=====
Office Use Only**

Date Request Received in Office: _____

Date Information Sent to Requestor: _____

Information Sent By: _____ **Method Sent:** _____