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| **Burlington Fire Department – Office of the Fire Marshal**  **MRCB Programming Form** | | | | | |
| Section A – Box Information | | | | | |
| Box Number: | Type Box Number | | | | |
| Online Date: | Click here to enter a date. | | | | |
| Updated (If Applicable): | Click here to enter a date. | | | | |
| Installing Contractor: | Type Name | | | | |
| Contractor Contact (Phone and E-Mail): | Type Phone Number | | Type Email | | |
| Section B – Building Owner Information | | | | | |
| Name of Building/Site: | Type Name of Building/Site | | | | |
| DPW – ISD Parent Building Permit Number: | Type Permit Number | | | | |
| Physical Location (911 Address): | Type Number and Street Name | | | | |
| Daytime Building Phone: | Direct Line to Receptionist or Someone In Charge | | | | |
| Building Owner Name: | Type Building Owner Name | | | | |
| Owner Mailing Address: | Type Number and Street Number | | | Type Zip Code | |
| Owner Contact (Phone and E-Mail): | Type Phone Number | | | Type Email | |
| Billing Name: | Type Building Billing Name | | | | |
| Billing Mailing Address: | Type Number and Street Number | | | Type Zip Code | |
| Billing Contact (Phone and E-Mail): | Type Phone Number | | | Type Email | |
| Section C – Emergency Information:  *Required to be located in the region and available after hours in case of emergency* | | | | | |
| Name: | Type Name | Phone: | | | Type Phone |
| Name: | Type Name | Phone: | | | Type Phone |
| Name: | Type Name | Phone: | | | Type Phone |
| Section D – Zone Information: | | | | | |
| Zone 1: | Type Information Here | | | | A  S |
| Zone 2: | Type Information Here | | | | A  S |
| Zone 3: | Type Information Here | | | | A  S |
| Zone 4: | Type Information Here | | | | A  S |
| Zone 5: | Type Information Here | | | | A  S |
| Zone 6: | Type Information Here | | | | A  S |
| Zone 7: | Type Information Here | | | | A  S |
| Zone 8: | Type Information Here | | | | A  S |
| Zone 9: | Type Information Here | | | | A  S |
| Zone 10: | Type Information Here | | | | A  S |
| Zone 11: | Type Information Here | | | | A  S |
| Zone 12: | Type Information Here | | | | A  S |
| Zone 13: | Type Information Here | | | | A  S |
| Zone 14: | Type Information Here | | | | A  S |
| Zone 15: | Type Information Here | | | | A  S |
| Zone 16: | Type Information Here | | | | A  S |
| KNOX Box Location (If Applicable): | Click here to enter text. | | | | |

**\*FOR OFFICE USE ONLY – DO NOT WRITE IN GREY\***

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| FMO Review Comments: |
| 1st Alarm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2nd Alarm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cross Streets:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Programming Fee Paid:  Yes  No Date: |