



Occupational Tax Customer ID: _____

FRANKLIN COUNTY PUBLIC SAFETY FORM

Franklin County 911
7011 Highway 145 • GA 30521
706-384-7118 • Fax: 706-384-2289

This safety form provides our fire department and E911 Center with a brief summary of your business. This form is in an effort to provide you better service. We ask that you please take the time to complete the information below and return it with your application. We will forward this information to the 911 center. Thank you in advance for your cooperation.

Business Name: _____

Street Address: _____

Mailing Address: _____

Business Telephone Number: _____

(In Case of Emergency)
After hours Contacts or Keyholder Contacts

Contact Name: _____ Telephone Number: _____

Contact Name: _____ Telephone Number: _____

Contact Name: _____ Telephone Number: _____

Is this a home-based business? Yes No (please circle one)

If this is a home-based business, no further questions need to be answered

Hours of Operation: _____

Numbers of Employees: Daytime: _____ Night: _____

Alarm Company: _____ Alarm Phone Number: _____

Power Company: _____ Meter Location: _____

Gas Company: _____ Meter Location: _____

Please circle one: Natural Propane

Water- Public or Private: _____ Sprinkler System: Yes No

Square Footage of Building: _____

Hazardous Materials: Yes No (please circle one)

Authorized Signature: _____

Date: _____