

Business Inspections Emergency Contact Info

New Business

Update / Change

Date: ____/____/____

Business Name (Exact): _____

Business Address (Exact): _____

Business Owner: _____ Phone: _____

Owner Address: _____

Building Owner: _____ Phone: _____

Building Owner Address: _____

****Please be sure to include area code with the phone number (Example: 402-000-0000)**

1st Person to Contact (First & Last Name):

Phone #1 _____ Phone #2 _____

2nd Person to Contact (First & Last Name):

Phone #1 _____ Phone #2 _____

3rd Person to Contact (First & Last Name):

Phone #1 _____ Phone #2 _____

Comments:

Please complete and return to:

ATTN: KIM KABOUREK
Lincoln Fire & Rescue
1801 "Q" Street
Lincoln, NE 68508
Fax: (402) 441-8292

