

EMERGENCY SHUT OFF LOCATIONS

Sprinklers: _____

Gas Lines: _____

Water/Water Mains: _____

Electrical: _____

Attic/Crawlspace Access: _____

HAZARDOUS MATERIALS

ITEM	QUANTITY	LOCATION STORED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL INSTRUCTIONS FOR RESPONDING UNITS

((Please include any additional key holders or important information))

Business Owners Signature

Date

PLEASE NOTIFY THE TUSCARAWAS COUNTY SHERIFF'S OFFICE WHEN ANY OF THE INFORMATION CONTAINED ON THIS FORM CHANGES. ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THE SHERIFF'S OFFICE FOR OFFICIAL BUSINESS.