

City of Richmond
Administrative Manual

Date _____

Company Name _____

Address _____

City, State, Zip _____

For each of your business locations within the City of Richmond, please complete the table below by providing your: 1) number of employees, 2) building square footage occupied, 3) type of business, and 4) type of fire protection systems. (The back of this letter may be used if additional space is required.) Also, please correct any inaccurate name and/or address information.

FIRE DEPARTMENT QUESTIONNAIRE

Business Name	Business Address (Street Number & Name)	Primary Type of Business* Sic Code List AP516-6&7	Bldg. SqFt Occupied (Per Location)	Number of Employees (Per Location Full & Part Time)
Richmond Total				

*See SIC Code List (AP 516-6)

 Name of Individual Completing Questionnaire
(Please type or print)

 Telephone Number

The information requested will be used only to update City records. It will not be provided to any external agency or organization.