



Site Assessment
 APPLICATION
 Fire Prevention Division
 Grand Island Fire Department
 100 East First • P.O. Box 1968
 Grand Island, NE 68802

Date: _____

Building Address: _____ Grand Island, NE 68801

Agency Requesting Assessment Information _____

Phone: _____

Email: _____

Address: _____

*Building Owner: _____ Phone: _____

Email: _____

Address: _____

*Business Owner: _____ Phone: _____

Email: _____

Address: _____

*Information Requested:

- History of Hazardous Spills _____
- Outstanding Fire or Building Code Violations _____

Assessment FEE: \$25.00

Fee Submitted: \$ _____

 Fire Prevention Division Chief or Agent

 Signature of Agent

 Date

 Date