



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