

**Irvington Fire Department  
Multiple Dwelling  
Registration Survey**

YEAR:  BLOCK #  LOT#

BUILDING ADDRESS:

NO. OF UNITS  NO. OF STORIES:  FEE:

CHECKS MADE PAYABLE TO:

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OWNER NAME:

OWNER ADDRESS:

OWNER TELEPHONE:

SIGNATURE:

EMERGENCY CONTACT:   
NAME & TELEPHONE:

**PLEASE TYPE OR PRINT CLEARLY**