



ELECTRIC FENCE REGISTRATION FORM

Name of Business:	
Address Number and Street Name: Zip Code:	
Responsible Party: (Print legibly)	
Contact Person: (Print legibly)	Contact Number:
Alternate Contact Person:	Alt. Contact Number:
(Print legibly)	
Number of Access Gates:	
Installing Company:	
Installing Company Contact Number	
Installing Company Address:	
in accordance with Spokane Munic Boxes shall be installed is accordan- also understand Fire Department accordance with the City of Spol Standards. This registration is not	ing this registration form the fence shall be installed cipal Code 17C.130.310 and Fire Department Key ce with all Spokane Fire Department requirements. I access shall be constructed and maintained in kane Fire Code and all Fire Prevention Bureau n-transferable and shall be resubmitted with any arty or contact persons. Any modification to the fence and site plan.
Installing Contractor Name: (Print legibly)	Installing Contractor Signature:
	Date:
Responsibly Party Name: (Print legibly)	Responsible Party Signature:
	Date:





Site Plan									
Show all Fire Departr	nent a	access	roadways,	gates,	key	boxes	and		
location of facility.									
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