

Downtown Building Owners Fire Detection Survey

Please complete to the best of your knowledge and return. Thank you in advance for completing

- 1) Address(s) of your building? _____
- 2) How concerned are you about the recent fires in downtown buildings?
_____ Not very concerned _____ Concerned _____ Very concerned _____ Provide Info about fires
- 3) Do you currently have a fire detection system (other than individual smoke detectors) within your building? YES NO If YES, please explain: _____
If NO, what devices/measures do you have installed or available in your building for fire detection, or prevention? _____
If YES, is this system monitored by an off-site Alarm Company? YES NO
If YES, is your building equipped with outside notification of an active alarm? YES NO
If YES, Name and contact information of alarm system installer: _____
If YES, Name of alarm system monitoring company: _____
- 4) Do you have any plans currently of providing fire detection within your building? YES NO
If NO, what is preventing you from equipping your building with a fire detection system? _____

- 5) Have you ever checked into building fire detection for your building? YES NO
If YES, name and contact information for alarm system provider: _____
- 6) Would you be interested in information about fire detection systems? YES NO
- 7) Would you be interested in going together with other building owners in a group on a discounted fire detection alarm system? YES NO
- 8) If funding was made available to assist you with offsetting or providing a payment plan would you consider adding fire detection? YES NO If YES, preferred funding source: _____

- 9) How many tenants does your building have ? 1 2 3 4 More
- 10) Does your building have apartments? YES NO if so how many _____
- 11) How tall is your building? _____ 1 Story _____ 2 Story _____ 3 Story
- 12) Does your building have a basement? YES NO Type: _____ Walkout _____ Stairs from inside only
- 13) Does your building have a Knox Box? YES NO _____ What is a Knox Box
- 14) Does your building have a Fire Suppression? YES NO _____ Unknown
- 15) Would you like to be contacted about this survey, Committee or to be part of this Committee? YES NO
If YES, Please provide name and contact info: _____
- 16) What if any reservations do you have about equipping your building with fire detection? _____

- 17) Please comment on this survey or any other topic relating to Fire Prevention and your building:

Once complete, please fax to Dexter Area Fire @ (734) 426-8537 or mail to 8140 Main St. Dexter MI, 48130