



Office of State Fire Marshal

Request Form for Unreported Sites

<i>PHOTOCOPY THIS FORM AS NEEDED</i>	OFFICE USE ONLY FACILITY ID #
BUSINESS NAME:	
DEPT/DIVISION (optional):	
SITE LOCATION (STREET, CITY, STATE, ZIP CODE):	
SITE COUNTY:	
MAILING ADDRESS (STREET OR PO BOX, CITY, STATE, ZIP CODE):	
E-MAIL ADDRESS:	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) CODE:	
BUSINESS ACTIVITY AT THE SITE:	
RESPONSIBLE FIRE DEPT:	
OWNER/CEO/ REGISTERED AGENT:	
SEND TO THE ATTN OF (optional):	
BUSINESS PHONE NUMBER:	
SIGNATURE:	DATE:

- A separate survey is required to be submitted for each site address in Oregon that possesses a Reportable Quantity (see page 3 of the Survey Instruction Booklet), unless otherwise notified by our office.
- A specific Facility ID Number is assigned to each site. Do not photocopy an existing survey to use for an unreported site.
- Complete a separate request form for each unreported site.
- Click Submit to email the completed form to the Office of State Fire Marshal, or mail to Attn of CR2K, 4760 Portland Road NE, Salem OR 97305; or fax to 503-373-1825.