

Town of Fairfax Vermont Rental Registry

For Office Use Only		
		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> No Change
Parcel ID#		
Do not write in space above		

Property Information

Address	# of Units
Property Owner	Phone #
Mailing Address	Alt Phone #
City/State	Email
Physical Address (If different from above)	

Building Services

Heating System(s) <input type="checkbox"/> Single unit for building <input type="checkbox"/> Multiple units in building Location of Heating System <input type="checkbox"/> Basement <input type="checkbox"/> In Living Area <input type="checkbox"/> Outdoors	Heating System Type (Check all that are applicable) <input type="checkbox"/> Hot Water (Boiler) <input type="checkbox"/> Hot Air (Furnace) <input type="checkbox"/> Steam <input type="checkbox"/> Wood Stove <input type="checkbox"/> Fire Place <input type="checkbox"/> Geothermal <input type="checkbox"/> Electric
Fuel Type <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Propane (check all that are applicable) <input type="checkbox"/> Other (Other, Please explain) _____	Fuel Storage (Check all that are applicable) <input type="checkbox"/> Exterior, above ground (propane) <input type="checkbox"/> Exterior, below ground (propane) <input type="checkbox"/> Exterior, above ground (oil) <input type="checkbox"/> Exterior, below ground (oil) <input type="checkbox"/> Tank in building (heating oil)
Electrical Utility Info <input type="checkbox"/> Green Mt Power <input type="checkbox"/> VT Electric Co-op <input type="checkbox"/> Overhead wire <input type="checkbox"/> Underground wire	
Solar Panels <input type="checkbox"/> Ground Mounted <input type="checkbox"/> Building Mounted <input type="checkbox"/> None	Location of Inverter Box <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Out-Building <input type="checkbox"/> Exterior wall <input type="checkbox"/> Other _____

Vermont Lead Law (18 VSA Chapter 38) <http://legislature.vermont.gov/statutes/section/18/038/01759>

Was this building built prior to 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – Have Essential Maintenance Practices (EMP) requirements been completed <input type="checkbox"/> Yes <input type="checkbox"/> No If no – This must be completed
Is required notice regarding the reporting of chipping or damaged paint posted <input type="checkbox"/> Yes <input type="checkbox"/> No Have Tenants been provided with approved pamphlet <input type="checkbox"/> Yes <input type="checkbox"/> No If No to either – This must be completed

Property Manager Information

Local Emergency Contact Information

Property Manager (if Applicable)	Local Emergency Contact (if applicable)
Mailing Address	Physical Address
City/State	City/State
Phone #	Phone #
Email	Email

Are there any special hazards, or considerations that the Fire Department should be aware of when responding to this property?
 Please use space below to share any information that you feel is important for the FD to be aware of.
 There is space for Unit Specific information in the Tenant Information Section

Tenant Information

This information is optional, however may be very beneficial in the event of an emergency

Unit 1

911 Address	# of occupants in unit Adults _____ Children _____ # of bedrooms in unit _____
Tenant	Phone #
Mailing Address	Alt Phone #
	Email
Special considerations in this unit (Blind, Deaf, Wheelchair, Oxygen, etc..)	

Unit 2

911 Address	# of occupants in unit Adults _____ Children _____ # of bedrooms in unit _____
Tenant	Phone #
Mailing Address	Alt Phone #
	Email
Special considerations in this unit (Blind, Deaf, Wheelchair, Oxygen, etc..)	

Unit 3

911 Address	# of occupants in unit Adults _____ Children _____ # of bedrooms in unit _____
Tenant	Phone #
Mailing Address	Alt Phone #
	Email
Special considerations in this unit (Blind, Deaf, Wheelchair, Oxygen, etc..)	

Unit 4

911 Address	# of occupants in unit Adults _____ Children _____ # of bedrooms in unit _____
Tenant	Phone #
Mailing Address	Alt Phone #
	Email
Special considerations in this unit (Blind, Deaf, Wheelchair, Oxygen, etc..)	

Please fill out supplemental Tenant Information Sheet if there are more than 4 dwelling units