



Village of Grafton Fire Department

Business Information & Fire Inspection Violation Repair

Self-Reporting Form

Business Information			
Building Name:		Date:	
Occupant Name:		Inspection #	
Building Address:		Date of Inspection:	
Mailing Address:			Suite #
Business Email:			Floor #
Business Phone #		Business Fax #	
Building Contact Information			
Primary Contact			
First Name:		MI:	Last Name:
Email:			
Work Phone:		Cell Phone:	
Home Phone:		Position within business:	
Secondary Contact			
First Name:		MI:	Last Name:
Email:			
Work Phone:		Cell Phone:	
Home Phone:		Position within business:	
Tertiary Contact			
First Name:		MI:	Last Name:
Email:			
Work Phone:		Cell Phone:	
Home Phone:		Position within business:	

Violation Repair

Code	What was done to repair the violation?	Date of Repair

Signature of Representative verifying corrected violations

Printed Name

Please email this form to: fireinspection@village.grafton.wi.us

or

Fax to: 262-375-5334