**SAGINAW COUNTY 911 – PREMISE HAZARD REQUEST FORM**

**PREMISE HAZARD TYPE (MEDICAL/ALARM/HOARDING):** Click here to enter text.

**ADDRESS:** Click here to enter text.

**CITY:** Click here to enter text. **APT#:** Click here to enter text.

**COMMON PLACE (BUSN NAME):** Click here to enter text.

**OWNER NAME (OPTIONAL):** Click here to enter text.

**OWNER PHONE NUMBER (OPTIONAL):** Click here to enter text.

**EMERGENCY CONTACT INFO:** Click here to enter text.

**REPORTING NAME/AGENCY:** Click here to enter text.

**COMMENTS (BE AS SPECIFIC AS POSSIBLE):** Click here to enter text.

**EXPIRATION DATE (REVIEW EVERY 12 MONTHS):** Click here to enter text.

**Note: If no expiration date is entered, audit of records will be done in October. Any unvalidated records will be purged the following January.**

**Please email this completed form to Chris Izworski at 9-1-1 at** **CIzworski@saginawcounty.com** **with date of the request for address registration and contact information of referral source.**