



BOROUGH OF CHESTER HEIGHTS
53 W. Baltimore Pike 2nd Floor, P.O. Box 658
Chester Heights, PA 19017
OFFICE OF THE FIRE MARSHAL
Contact Information Sheet

Office File Number: _____ Date: _____

Owner of Building _____ Phone # _____

Owner Address _____ City _____ State ____ Zip _____

Rental Property Address _____ City _____ State ____ Zip _____

Name of **Tenant** _____ Phone # _____

Multiple Apartment Units:

Rental Property Address _____ City _____ State ____ Zip _____

Name of **Tenant** _____ Phone # _____

Rental Property Address _____ City _____ State ____ Zip _____

Name of **Tenant** _____ Phone # _____

Confirm inspection appointment availability dates and times:

Preference 1
Date: _____ Time: _____

Preference 2:
Date: _____ Time: _____

Preference 3:
Date: _____ Time: _____

Thank you for completing this form. Your preference availability will be considered when scheduling fire safety inspections.