



Powell Township Fire Department



Fire Number Request

Name: _____ Date: _____

Telephone #: _____

Do you have an assigned Fire # Yes () No () If yes, what is your Fire # : _____

Tax ID #: _____

Legal Description: (This can be found on your tax statement)

Closest Fire # to your property, if known: _____

Description of the property and structure/s: (example: acreage, building type, size, and color)

Directions to the property from the nearest intersection:

This form can be mailed to: Powell Township at PO Box 319, Big Bay MI 49808 or
emailed to FireChief@PowellTownship.org

Section below to be completed by the Fire Department

Fire # Assigned by the Township: _____

Topo or Areal image of the property provided by the Owner or Township: _____

Date sign was ordered: _____ Ordered by: _____

Date sign was received: _____ Received by: _____

Date sign was installed: _____ Installed by: _____

Installation Notes:

Closest water supply to the property: _____

Is a preplan needed for this property: Yes () No ()

Preplan completed on: _____ Preplan created by: _____