



Rural Municipality of Moose Jaw

Site No: _____

Legal Description: _____

Direction to site by all weather roads: _____

Owner: _____

Names of adult residents:

1) _____

2) _____

3) _____

4) _____

Number of children residing at home:

1) _____

2) _____

3) _____

4) _____

Telephone No: _____

Work Phone No: _____

Medic alert if any: (ex: handicap/oxygen) _____

Home built year: _____

Type of house: _____

Type of heating: _____

Location of heating unit: _____

Electrical shut off – location from dwelling: _____

Type of garage: _____

Other main buildings: _____

Nearest water source and volume: _____

Special Notes: _____

Guard Dog/Explosives/Hazardous materials – please list if any: