

FORT WAYNE FIRE DEPARTMENT
INDOOR TIRE STORAGE PERMIT

Business Name: _____

Address: _____

Estimated Maximum Number of Tires: _____

Name of Business Owner: _____

D.O.B: _____ SSN: _____

Name of Person Responsible for Tires: _____

D.O.B: _____ SSN: _____

Address: _____

Telephone Number: _____

After Hours Number: _____

I, _____ am aware / unaware tires are being stored
(please print - property owner)

in my structure.

Applicant Signature: _____

Date: _____

Fort Wayne Fire Department
Fire Prevention Bureau
4130 Lahmeyer Road
Fort Wayne, IN 46815
260-427-1479