

Paul Smith's-Gabriels Volunteer Fire Department

Please help us by filling this out so we can in turn help you.

Camp Name _____ Camp# _____ Lake: **USR Spitfire LSR** (circle)

Camp Owner _____ Phone Number(s) _____

Year round residence? **Y / N** # of buildings _____ # winterized _____

Fire access:

Boat only from _____

Road (if any) _____

2 WD _____ 4 WD _____ Foot _____

Water Supply (other than lake) _____ Bubbler? **Y / N**

Check all that apply:

Hydrants (#) _____

Fixed Pump _____ Manufacturer _____ Cap (GPM) _____

Portable Pump _____ Manufacturer _____ Cap (GPM) _____

Thread on fittings: Fire _____ Pipe _____ Conservation _____

Locked entrance gates _____ (#) Fire Dept has key(s)? **Y / N**

Hazardous Materials/Fuels	Locations	Amount
LPG	_____	_____
Gasoline	_____	_____
Paints/Solvents	_____	_____

Electric Disc. Locations: Central _____ Other _____

Alarm Company _____ Callback phone # _____

Caretaker/Local contact(s)

_____ Phone # _____

_____ Phone # _____

Owner's permanent address

_____ Phone # _____

Please provide a rough sketch of your camp noting the locations of pumps, fuse boxes, LPG tanks, etc. You may use the reverse side of this form or include a separate page or map.

Send completed form to SRPOA, PO Box 135, Lake Clear, NY 12945. Thank you.