

# Fort Liberty Fire and Emergency Services Division

## Building Information Sheet

The proponent agency for this form is DES.

**UFSM:** \_\_\_\_\_

**Building Number:** \_\_\_\_\_

**Unit/Organization:** \_\_\_\_\_

**Access Street:** \_\_\_\_\_

**Duty Phone Number:** \_\_\_\_\_

**Command POC:** \_\_\_\_\_

**Command Phone:** \_\_\_\_\_

Hours of Operation:	0000 - 0000	Do people sleep in building:		
		YES	or	NO
Monday		<input type="checkbox"/>		<input type="checkbox"/>
Tuesday		<input type="checkbox"/>		<input type="checkbox"/>
Wednesday		<input type="checkbox"/>		<input type="checkbox"/>
Thursday		<input type="checkbox"/>		<input type="checkbox"/>
Friday		<input type="checkbox"/>		<input type="checkbox"/>
Saturday		<input type="checkbox"/>		<input type="checkbox"/>
Sunday		<input type="checkbox"/>		<input type="checkbox"/>

**REMARKS:**