

Rooftop Site Details Form

Rooftop Name



Building/Business Name:

Building Contact Notified?

 No Yes →

Name

Phone number

Title

Email

Street Address

City

Zip Code

Building Address:

Building Type:

Warehouse

Residential

Government Building

Supermarket

Store

Hotel

Other

Optional Information

Chick-checking program in place for this rooftop?

Yes

No

Building Information:

Is there an edge (parapet) around the **entire** rooftop preventing chicks from falling off?

Yes

No

Unknown

Have **all** drains on the roof been covered to prevent chicks from falling in?

Yes

No

Unknown

Site Description:

Describe the location of the site and/or how to access it, if necessary.