

# Rooftop Site Details Form

Rooftop Name

Building/Business Name:

Building Contact Notified?  No  Yes →

Name:

Phone number:

Title:

Email:

Building Address:

Street Address:	City:
Zip:	

Building Type:  Warehouse  Residential  Govt. 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.*