



**Sunnyvale Department of Public Safety**  
**EMERGENCY BOARD-UP SERVICES**  
**Application & Agreement**



Business Name: _____	
Business Address: _____	
24-hour Phone Number: _____	Alternate Phone Number: _____
Business Owner Name: _____	
Owner Address: _____	
Owner Phone Number: _____	Alternate Phone Number: _____
Manager Name: _____	
Manager Phone Number: _____	Alternate Phone Number: _____
General Contractor B License:	Yes <input type="checkbox"/> No <input type="checkbox"/>
License Number: _____	Copy attached <input type="checkbox"/>
City of Sunnyvale Business License	Yes <input type="checkbox"/> No <input type="checkbox"/>
License Number: _____	Copy attached <input type="checkbox"/>
Certificate of Insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate Number: _____	Copy attached <input type="checkbox"/>
Insurance – Comprehensive Auto:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance – General Liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance – Workers Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>

**I have read, understand, and agree to the scope, general requirements, general conditions, service requirements, and cause for removal as established by the Sunnyvale Department of Public Safety Emergency Board-up policy/procedure.**

Business Owner/Manager Print Name: \_\_\_\_\_

Business Owner/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: _____	Fire Marshal: _____
<b>Approval:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____

Agreement Valid: \_\_\_\_\_ to \_\_\_\_\_

**Mail to:** Fire Prevention & Hazardous Materials  
505 W Olive Ave #150, Sunnyvale CA 94086  
408/730-7212

**Email to:** [fireprevention@ci.sunnyvale.ca.us](mailto:fireprevention@ci.sunnyvale.ca.us)