

**NOTICE OF CLAIM
STAR SPRINKLER PROGRAM**

Date: _____

Facility Name : _____ Type of Facility: _____

Address : _____

City & State : _____ Zip Code: _____

Telephone Number : _____ Contact: _____

Fax Number : _____

Telephone number where contact person may be reached after 6 PM (EST): _____

Date Facility was constructed: _____

Date Sprinkler System was installed: _____

Type of System: (wet or dry) : _____ Type of Sprinkler Head (ME-1, etc.): _____

Number of identified sprinkler heads located in your facility: _____

(Please check attic, crawl spaces and loading docks)

Locations of the sprinkler heads: _____

Sprinkler Inspection/Maintenance Company (Name, Address & Telephone Number):

Date of last inspection or servicing: _____

If the sprinkler heads are replaced, do you foresee any additional costs, such as painting or dry wall expenses? _____

Do you have a contractor or maintenance staff to perform the additional repairs? _____

Additional Comments: _____

RETURN TO:
LAW OFFICES OF
EGOVILLE & ASSOCIATES
815 FAYETTE STREET
CONSHOHOCKEN, PA 19428-1785
800-866-7807 FAX 610-828-0444