

EMERGENCY NOTIFICATION INFORMATION FORM

(please print or type changes)

- 1. BLOCK AND LOT NUMBER: \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_
- 2. REGISTRATION NUMBER: (if registered by state agency) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 3. LHU CODE/USE GROUP: \_\_\_\_\_
- 4. NAME OF OFFICE BUILDING OR SHOPPING CENTER: \_\_\_\_\_
- 5. NAME OF BUSINESS: \_\_\_\_\_ PHONE # \_\_\_\_\_
- 6. ADDRESS OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_
- 7. NAME OF OWNER OF BUSINESS: \_\_\_\_\_ PHONE # \_\_\_\_\_
- 8. OWNER'S HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- 9. TYPE OF OCCUPANCY: (circle one)      Assembly      Business      Mercantile  
   Educational      Storage      Other
- 10. HAZARDOUS MATERIAL STORED: \_\_\_ YES \_\_\_ NO
- 11. FIRE ALARM SYSTEMS:      \_\_\_ SPRINKLERS      \_\_\_ SMOKE DETECTORS      \_\_\_ HEAT DETECTORS
- 12. ALARM COMPANY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_
- 13. ADDRESS OF ALARM CO. \_\_\_\_\_  
\_\_\_\_\_
- 14. HOURS OF OPERATION: \_\_\_\_\_
- 15. AVG. NUMBER OF EMPLOYEES ON SITE AT ANY GIVEN TIME: \_\_\_\_\_
- 16. SQUARE FOOTAGE: \_\_\_\_\_
- 17. KEYS TO BUSINESS FOR EMERGENCY:
  - 1. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_
  - 2. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_
  - 3. NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL FOR EMERGENCY FIRE OR POLICE USE ONLY**

**I, the undersigned, certify that the above information is correct to the best of my knowledge.**

**18. SIGN \_\_\_\_\_ TITLE \_\_\_\_\_**