



EMERGENCY NOTIFICATION INFORMATION FORM

(please print or type changes)

1. BLOCK AND LOT NUMBER: _____ - _____ DATE: _____

2. REGISTRATION NUMBER: (if registered by state agency) _____

3. NAME OF OFFICE BUILDING OR SHOPPING CENTER: _____

4. NAME OF BUSINESS: _____ PHONE #: _____

5. ADDRESS OF BUSINESS: _____

6. NAME OF OWNER OF BUSINESS: _____ PHONE #: _____

7. OWNER'S HOME ADDRESS: _____

8. TYPE OF OCCUPANCY: (circle one) Assembly Business Mercantile

 Educational Storage Other

9. HAZARDOUS MATERIAL STORED: ____ Yes ____ No

10. FIRE ALARM SYSTEMS: ____ SPRINKLERS ____ SMOKE DETECTORS ____ HEAT DETECTORS

11. ALARM COMPANY NAME: _____ PHONE #: _____

12. ADDRESS OF ALARM CO.: _____

13. HOURS OF OPERATION: _____

14. AVG. NUMBER OF EMPLOYEES ON SITE AT ANY GIVEN TIME: _____

15. SQUARE FOOTAGE: _____

16. 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.

17. SIGN _____ TITLE _____

18. EMAIL ADDRESS: _____