



Emergency Contact Information

Contact Information:**Please Print.**

Date:

Address of Structure:

Name of Business:

Property Use:

Owners Name:

Owners Address:

Owners Phone:

Tenant /Manager Name:

Tenant /Manager Phone:

2nd Contact Person:2nd Contact Person Phone:

Number of Employees:

Hours of Operation:

Days of Operation: Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

Total sq. ft.:

Number of Floors: Basement: Yes ☐ No ☐

Knox Box: Yes ☐ No ☐

Knox Box Location:

Sprinkler / Standpipe: Yes ☐ No ☐

Sprinkler / Standpipe Location:

Fire Alarm: Yes ☐ No ☐

Fire Alarm Panel Location: