



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: