

CITY OF ORANGE BEACH FIRE/POLICE EMERGENCY INFO SHEET

Fire Department _____

Police Department _____

The Fire and Police Departments need this information for emergency responses to your business. Please complete this form as accurately as possible. It will aid the response time if your 911 address is posted on the exterior of your business where it is visible from the street.

Name of Business _____ Date _____

Physical Address _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____

Type of Business _____

Owner Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (local)

1. Name _____ Phone _____

Position _____ Cell or Pager _____

Address _____ Key Holder Yes No

City _____ State _____ Zip _____

2. Name _____ Phone _____

Position _____ Cell or Pager _____

Address _____ Key Holder Yes No

City _____ State _____ Zip _____

BUSINESS LOCATION INFORMATION

Is there a Fire alarm Yes No

Fire Alarm Service Provider _____ Phone _____

Monitoring Provider _____ Phone _____

Sprinkler Provider _____ Phone _____

If Hazardous Materials are stored on the premises please list _____

Is there a Burglar alarm Yes No Is there a Robbery alarm Yes No

Burglar Alarm Service Provider _____ Phone _____

Property Insurance Agent _____ Phone _____

Knox Box Yes No Number of Elevators on Property _____ Phone _____