

Fire Department \_\_\_\_\_

Police Department \_\_\_\_\_

## CITY OF ORANGE BEACH FIRE/POLICE EMERGENCY INFO SHEET

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 \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACT (local)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Key Holder Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell or Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Key Holder Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell or Pager \_\_\_\_\_

### 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 the Property \_\_\_\_\_ Phone \_\_\_\_\_