

FAIRVIEW FIRE DEPARTMENT EMERGENCY INFORMATION DATA

DATE: _____

The following information is used in emergency situations. Please complete all information accurately.
Mail this form to:

**Fairview Fire Department
214 Ashland Ave.
Fairview Heights, IL 62208**

Or fax this form to: 618-277-0443

Name of Business/Resident:	Phone:
Address:	Suite No:
Name of Owner:	Home Phone:
Address:	
Name of Manager:	Cell Phone:
Address:	

Other to be called in an emergency: (These should be local people who would have a key or be able to contact someone who does.)	
1.Name	Cell Phone:
Address:	
2.Name	Cell Phone:
Address:	
3.Name	Home Phone:
Address:	

Alarm System: _____ Yes _____ No If yes, is it _____ Outside Alarm _____ Silent Alarm	
Fire Alarm / Sprinkler System: _____ Yes _____ No	
Alarm Company:	
Address:	Phone:
Business-List Parent Company:	
Resident-List Work Place Phone	

Comments: