

# Spring Lake Fire Department

106 S. Buchanan St., Spring Lake, MI 49456

Phone: 616.844.0491 Fax: 616.844.0492



## BUSINESS

### EMERGENCY CONTACT INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

List (3) persons in the order that you want them called in the event of an emergency:

1.) Name: \_\_\_\_\_ City: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ City: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

3.) Name: \_\_\_\_\_ City: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you have a fire alarm in your building? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_

Alarm Company Phone: \_\_\_\_\_

Knox box location: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

#### **IMPORTANT INFORMATION**

Please keep information up to date. If any changes occur, notify the Fire Department immediately or request a new form to fill out. This information will be used solely by our department and the 911 emergency center in case of an emergency and will not be released to any other agency.

Upon completion, please return to the attention of Pam Suchecki at the address listed above, or email to: [psuchecki@springlaketwp.org](mailto:psuchecki@springlaketwp.org) .

Internal use only: Date Received \_\_\_\_\_ Processed date \_\_\_\_\_

**Serving the Township and Village of Spring Lake**