

Spring Lake Fire Department

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

Phone: 616.844.0491 Fax: 616.844.0492



RESIDENTIAL EMERGENCY CONTACT INFORMATION

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: _____

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

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 call center in case of an emergency and will not be released to other agencies.

Internal use only:

Date Received _____ Processed date _____

Serving the Township and Village of Spring Lake