

Oak Creek Fire & Police Department

EMERGENCY CONTACT INFORMATION

Business Name: _____ Manager Name: _____

Address: _____ Business Hours: _____

Phone #: _____ Fax #: _____

Is there a safe on site? Yes No Location of safe: _____

Night light? Yes No.....Guard on duty after hours? Yes No Guard dog? Yes No

Alarm type (check all that apply): Intrusion Burglary/robbery Fire None

Alarm Company Name: _____ Phone: _____

Alarms monitored? Yes No Company Name: _____ Phone: _____

Hazardous Material on site? Yes No Type of Material: _____ Location: _____

Knox Box? Yes No.....Are the keys current? Yes No Would you like information on one? Yes No

Building Owner Name: _____ Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

EMERGENCY CONTACT(S): Note: List, by priority, those to be contacted after business hours who have keys, are close to the location and are willing to respond regardless of the time of day (preferably within 20 minutes of contact).

Contact #1 _____	Title: _____	Key Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: #1 _____	#2 _____	E-mail: _____
<input type="checkbox"/> Building Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Employee <input type="checkbox"/> Relative		

Contact #2 _____	Title: _____	Key Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: #1 _____	#2 _____	E-mail: _____
<input type="checkbox"/> Building Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Employee <input type="checkbox"/> Relative		

Contact #3 _____	Title: _____	Key Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: #1 _____	#2 _____	E-mail: _____
<input type="checkbox"/> Building Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Employee <input type="checkbox"/> Relative		

My signature hereunder acknowledges that I have received a copy of the ordinance summary related to alarms; that Police and Fire Department personnel are hereby authorized to enter the above-listed premises to determine the source of the alarm, and that a false alarm fee may be imposed for violation of the ordinance.

Signature

Date

Please return to:

Oak Creek Fire Department
 Attn: Inspection Department
 7000 South 6th Street
 Oak Creek, WI 53154
 Fax # (414) 570-5631
 Email: sreichel@oakcreekwi.org