



KENT COUNTY



911 Business Emergency Contact & Fire Information

Business Name: _____

Business Type: _____

Business Address: _____

City/Township: _____

Business Location Phone: () _____

Business Fax: () _____

After Hours Business Phone: () _____

Business Hours: _____

Alarm Company: _____

Alarm Company Phone: () _____

Alarm Coverages

Burglary: _____

Fire: _____

Fire Department Key or Lock/Knox Box Location: _____

Sprinklers and/or Fire Extinguishers Locations: _____

Hydrant Locations: _____

Do you have an employee with a disability who would need assistance in case of an emergency?

Yes

No

List at least 3 Emergency Contacts, in possession of a key, who are able to respond in case of an emergency.

① Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

② Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

③ Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

④ Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

⑤ Business/Building Owner: _____ Bus. Phone: () _____
 Address: _____ Cell Phone: () _____

Remarks

List any hazards to police or fire personnel. Attach an 8 1/2" x 11" sketch of the building layout when you click submit, you will be able to add them in the email as an attachment. If chemicals kept on premises, provide where chemicals are kept and utilities are located.