



City of Clawson

425 N. Main Street / Clawson, Michigan 48017
(248) 435-4500 FAX (248) 435-0515

DIRECTIONS:

This information is being requested to update our files. Please “...*provide a current list of emergency contacts who will respond to the premises in the event of an emergency, or to reset or deactivate the alarm system, or who could contact the alarm user if the alarm user is not at the scene.*” In the event of an emergency at your location, the fire department would be able to access this information and make timely contact with you or one of your employees.

When filling out this form, please do the following:

- Make a copy of the blank form. Then set the original aside.
- Fill out the blank copy with the information requested. Please list key holders that will respond if required by the fire department in case of emergency. The more information provided, the sooner the fire department can contact you in the event of an emergency.
- Fax the form, to our office at (248) 435-0515, or Email to rick.dylewski@clawsonfire.com. (If you cannot fax or email it, make a copy of the completed form. Place one completed copy in an envelope and mail it to our office.
- After you have provided a copy to this office, take the completed copy and the blank original and file it away until next year. At that time, review the information for any changes. If any changes have been made, make a copy of the blank form, fill in the changes and fax it to our office.
- If you have a Knox Box and change keys, you must contact our office.
- If you want information/pricing for a Knox Box contact <http://www.knoxbox.com/>
- If you have any questions, please contact the fire department office.

CLAWSON FIRE DEPARTMENT

EMERGENCY CONTACT FORM

Information contained on this form is for Official Use Only and NOT FOR PUBLIC EYES

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PRIMARY EMERGENCY CONTACT PERSON (During & AFTER Hours):

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

SECONDARY EMERGENCY CONTACT PERSON (During & AFTER Hours):

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

CONTINGENT EMERGENCY CONTACT PERSON (During & AFTER Hours):

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

CHECK ALL THAT APPLY:

- | | |
|---|---|
| <input type="checkbox"/> Has Knox Box | <input type="checkbox"/> Has Monitored Fire Suppression (sprinkler) |
| <input type="checkbox"/> Has Monitored Fire Alarm | <input type="checkbox"/> Has Monitored Burglar Alarm |

(Add additional sheets if you would like to add additional people to the list.)