



# Dennis Fire Department

## BUSINESS EMERGENCY CONTACT INFORMATION



• • • • • **COMPLETE BOTH SIDES** • • • • •

### About This Form

Submitting this form allows local fire agencies to **contact you**, in the event of an incident at your business. Information will be used only **in the event of an emergency**.

### Instructions

Thank you for submitting emergency contact information for your business. This information will only be used in the event of an after-hours emergency or incident at your business. Information will not be shared outside of law enforcement agencies and the fire department. All information is optional. **Business owners please note: You must contact Dennis Fire with updated or new contact information.** Updates are accepted as often as is necessary.

In the event of an incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or incident. It would be necessary for that person to respond with keys to the property, and a proper alarm code if applicable.

Please provide the information requested below, providing as many details as possible. Contact information will be kept strictly confidential and only used for notification purposes by law enforcement and/or the fire department.

If you have questions about this form or how information will be stored and used, contact the on-duty supervisor at 508-398-2241

### Business Information

<b>INSTRUCTIONS:</b> If your business name is indicated by any signage on the exterior of the building, list that <b>business name</b> . If the main phone number is answered with a <b>recording</b> or automated attendant, indicate an inside phone number by which an employee can be <b>reached immediately</b> , if one is available. A separate form should be filled out for each business location or physical address.			
Section 1	BUSINESS NAME	MAIN BUSINESS PHONE # (PUBLIC)	
	BUSINESS ADDRESS	PREMISE INSIDE PHONE # (IF DIFFERENT)	
	BUSINESS CITY	NEAREST CROSS STREET(S)	TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)
<b>INSTRUCTIONS:</b> Complete this section only if the business is monitored by a 24-hour <b>alarm company</b> , or if a <b>private security</b> firm patrols the business property. Otherwise, <b>skip</b> this section.			
Section 2	ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
	Sprinkler Contractor	SPRINKLER COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
<b>INSTRUCTIONS:</b> Indicate any special instructions for <b>finding</b> your business or <b>accessing</b> the business property. Also note any <b>gate codes, lock box location or other pertinent information</b> . Otherwise, <b>skip</b> this section.			
Section 3	SPECIAL INSTRUCTIONS OR DIRECTIONS	GATE CODE (IF APPLICABLE)	
	LOCK BOX LOCATION	<input type="checkbox"/> I would like a lock box installed ( Fee - \$70.00)	
<b>INSTRUCTIONS:</b> Indicate if any <b>hazards</b> exist on site. Also note any <b>special needs</b> or <b>conditions</b> of interest.			
Section 4	HAZARDOUS MATERIALS ON SITE (INDICATE SPECIFIC LOCATION)	AED	
		<input type="checkbox"/> Mark this box if there is a medical <b>automatic external defibrillator (AED)</b> on the premises.	

**COMPLETE EMERGENCY CONTACT INFORMATION ON REVERSE SIDE**

# Dennis Fire Department

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## Emergency Contact Information

**INSTRUCTIONS:** In the event of an emergency, the dispatch center will begin with the **first** emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. Information will only be used in the event of an emergency. List as many contact persons as you wish.

Primary Contact

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
EMAIL ADDRESS		

Contact 2

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
EMAIL ADDRESS		

Contact 3

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
EMAIL ADDRESS		

Contact 4

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
EMAIL ADDRESS		

Contact 5

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
EMAIL ADDRESS		

## How To Submit This Form

**MAIL**



**MAIL THIS FORM TO**  
 DENNIS FIRE DEPARTMENT  
 883 MAIN STREET, WEST DENNIS MA 02670

**OR E-MAIL TO**

[FIREINSPECTOR@TOWN.DENNIS.MA.US](mailto:FIREINSPECTOR@TOWN.DENNIS.MA.US)

**Fax**



**OR FAX TO**  
 508-398-5925

**Info**



**Administration Office - 508-398-0363**  
**Central Dispatch 508-398-2241**                      **Fire Inspector 508-398-0363**