



CITY OF CANANDAIGUA FIRE DEPARTMENT

BUSINESS EMERGENCY CONTACT FORM



Date: ____ / ____ / ____

The Business Emergency Contact Information Form is used to notify the owner or their designated contacts in the event that their property/business is involved in an incident or an emergency.

Business Name:		
Street Address:		
City: Canandaigua	State: New York	Zip Code: 14424
Cross Streets: (For Example: Main/Phelps)		
Do you Own or Rent?	OWN / RENT	Nature of Business: (i.e. Medical, Gas Station, Service, Retail etc.)
Property / Building Owners Name and Phone Number:		
Do you have a Knox Box or Key Box? Y / N	Knox Box Location:	

Emergency Contact Information (During & AFTER Hours)

Primary

Name: (first, last)	
Email:	Phone #: Cell:
Mailing Address:	

Alternate

Name: (first, last)	
Email:	Phone #: Cell:
Mailing Address:	

Alternate

Name: (first, last)	
Email:	Phone #: Cell:
Mailing Address:	

CHECK ALL THAT APPLY:

- Has Monitored Fire Suppression (Fire Sprinkler)
- Has Monitored Fire Alarm
- Has Monitored Burglar Alarm

Please Provide Alarm Company Name and Phone Number: _____