

# EAST GREENWICH FIRE DEPARTMENT EMERGENCY CONTACT INFORMATION FORM

This form is for the use of the property owner or occupant, to provide updated emergency information for Fire Department use. When information changes, a copy of this form with the appropriate change noted can be mailed or **faxed** to:

**Town of East Greenwich Fire Department**  
**Director of Communication**  
**284 Main Street East Greenwich, RI 02818**  
Office: (401) 886-8688 Fax: (401) 886-8692

## BUSINESS / OCCUPANT INFORMATION

Date: \_\_\_\_\_

Business/Occupant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
East Greenwich, Rhode Island 028\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

## BUSINESS OWNER INFORMATION (Not Required for single family homes)

Business Owner Name: \_\_\_\_\_  
Business Owner Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Owner Phone other: \_\_\_\_\_  
Fire Alarm Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## BUILDING / PROPERTY OWNER INFORMATION (if different than business owner)

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Owner Phone other: \_\_\_\_\_

## EMERGENCY CONTACTS

Please list, in order of priority, up to three people that can be contacted in case of an emergency at this location. These should be people that can be contacted during nights, weekends, holidays, early morning etc...

NAME	TITLE	PHONE 1	PHONE 2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please note:**

**If you have a Fire Department key safe for your building, and you have changed door locks, you need to contact the Fire Department at the above location to have new door keys placed in your key safe.**

Please print or type to ensure clarity. Retain this copy in your files for future duplication - you are urged to duplicate this document as necessary. This document can also be obtained at our web site: <http://www.eastgreenwichri.com>