



CHARLEVOIX TOWNSHIP FIRE DEPARTMENT

08977 Martin Rd., Charlevoix, MI, 49720 * Ph: 231-675-5600

EMERGENCY CONTACT FORM

Please give completed form to Firefighter during inspection or email scanned documents to:

fireinspector@charlevoixtownship.gov

Keep a copy of this blank form for future updates.

BUSINESS NAME		COMPLEX NAME		DATE	
BUSINESS ADDRESS		SUITE	CITY Charlevoix		ZIP CODE 49720
CHECK ONE: <input type="checkbox"/> Hayes <input type="checkbox"/> Norwood <input type="checkbox"/> Marion <input checked="" type="checkbox"/> Charlevoix TWP <input type="checkbox"/> Eveline <input type="checkbox"/> City of Charlevoix		BUSINESS PHONE		BUSINESS FAX	BUSINESS WEBSITE
TYPE OF BUSINESS		OWN BLDG. <input type="checkbox"/>	LEASE BLDG. <input type="checkbox"/>	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
PROPERTY/COMPLEX OWNER OR MANAGER NAME		PRIMARY PHONE		EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUILDING OWNER'S NAME (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE		EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS HOURS (MONDAY-FRIDAY)		SATURDAY HOURS		SUNDAY HOURS	
FIRE Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	FIRE ALARM COMPANY		FIRE ALARM COMPANY PHONE		FIRE ALARM RESET CODE
BURGLARY Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No	MONITORING SERVICE		PHONE NUMBER		ALARM PANEL LOCATION
THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY					
1. EMERGENCY CONTACT'S NAME			TITLE / AFFILIATION		
AFTER HOURS PHONE		DAYTIME PHONE		EMAIL ADDRESS	
2. EMERGENCY CONTACT'S NAME			TITLE / AFFILIATION		
AFTER HOURS PHONE		DAYTIME PHONE		EMAIL ADDRESS	
3. EMERGENCY CONTACT'S NAME			TITLE / AFFILIATION		
AFTER HOURS PHONE		DAYTIME PHONE		EMAIL ADDRESS	
NOTES					

See reverse side

<p>KNOX BOX</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>LOCATION:</p>	<p>KNOX PADLOCK</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>LOCATION:</p>	<p>FIRE DEPARTMENT CONNECTION (FDC) ON SITE:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Indicate the side of your building where the FDC is located using North, South, East, West or a variation.</p>	
<p>AUTOMATIC EXTERNAL DEFIBRILLATOR – AED</p> <p><input type="checkbox"/> Yes - How many? _____</p> <p>LOCATION OF AED'S:</p>		<p>GAS UTILITY</p> <p>(Indicates side of building using North, South, East, West, or a variation)</p>	<p>ELECTRIC UTILITY</p> <p>(Indicates side of building using North South, East, West or a variation)</p>
<p>HYDRANT LOCATION</p> <p>(Indicate side of building using North, South, East, West or a variation)</p>		<p>DISTANCE TO NEAREST HYDRANT</p> <p>(Approximate distance in feet)</p>	