

EMERGENCY CONTACT INFORMATION

WEST BEND FIRE DEPARTMENT

NEW INFORMATION

UPDATE OF EXISTING INFORMATION

TODAY'S DATE _____

TO ENSURE ACCURACY, PLEASE PRINT LEGIBLY OR TYPE THE INFORMATION

BUSINESS INFORMATION

BUSINESS NAME
ADDRESS
BILLING OR MAILING ADDRESS
PHONE
EMAIL(S) FOR FIRE INSPECTION REPORTS

BUSINESS HOURS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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The information on this form will be used by the West Bend Fire Department in the event of an emergency or incident, during non-business hours, at your place of business. We request that key holders residing in the West Bend area be listed first as they will be **contacted in the order listed.**

OWNERS / KEY HOLDERS

NAME	PHONE (PRIMARY)	PHONE (SECONDARY)	TITLE	RESPONSE TIME (IN MINUTES)

ALARM COMPANY INFORMATION

NAME OF ALARM COMPANY & ADDRESS	PHONE NUMBER
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OTHER PERTINENT INFORMATION ABOUT YOUR BUSINESS

Please list any information that would be helpful to emergency personnel, such as location of hazardous materials, used and/or stored, disabled individuals on premises, or location of emergency lighting controls

HAZMAT / MATERIAL NAME	ID #

Please return this form to: WEST BEND FIRE DEPARTMENT, CAPTAIN KENNY ASSELIN, 325 N 8TH Ave, West Bend WI, 53095
asselink@ci.west-bend.wi.us Phone: 262-335-5055 FAX: 262-335-5148