

Susquehanna Fire Co. #1 Fire Chief's Office

Year _____

EMERGENCY CONTACT LISTING

Date Rec'd _____

Date Filed _____

This information is important in an emergency at your business, so we can contact someone when you are closed. All information is confidential.

Business Name: _____

Address: _____

Phone No: _____

Business Owner's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Building Owner's Name: _____

Home Phone: _____ **Cell Phone:** _____

EMERGENCY CONTACTS FOR THE BUSINESS

	Name	Cell Phone	Home Phone
1.	_____ / _____	_____ / _____	_____ / _____
2.	_____ / _____	_____ / _____	_____ / _____
3.	_____ / _____	_____ / _____	_____ / _____
4.	_____ / _____	_____ / _____	_____ / _____
5.	_____ / _____	_____ / _____	_____ / _____

Please return to: email to Info@yorkhavenborough.org or drop off at the York Haven Borough Office during normal business hours.