

BUSINESS CONTACT INFORMATION REQUEST

If **NO** changes need made from previous year

Business Name (As it is known in this area): _____

Mailing Address: _____

Physical Address/Location (Street or Road name) _____

City: _____ **State/Zip:** _____

Municipality (Borough or Twp): _____

Business Telephone numbers: _____

Fax: _____

Business Email: _____

Business Owner: _____

Building Owner: _____

Telephone: _____

Telephone: _____

Do you have automatic alarm systems? Yes No

Fire Burg Both Other

Name of Alarm Monitoring Co: _____

Telephone: _____

Do you have a fire dept connection for a Sprinkler System? Yes No

If yes, where is it located? _____

Does your building have a Knox Box? Yes No Where? _____

Does the establishment have large quantities of Chemicals, Fuel, or other Hazadous Materials on site?

If so please list:

Do you have any handicapped persons that may need assistance evacuating the building?

Yes No If yes, where are they normally located? _____

Contact #1

Name: _____ **Title:** _____

Primary Phone: _____ **Secondary phone:** _____

Travel time to business: _____ **Keys?** Yes No

Contact #2

Name: _____ **Title:** _____

Primary Phone: _____ **Secondary phone:** _____

Travel time to business: _____ **Keys?** Yes No

Contact #3

Name: _____ **Title:** _____

Primary Phone: _____ **Secondary phone:** _____

Travel time to business: _____ **Keys?** Yes No

Please provide any additional information that Police / Fire / EMS may need to know:

EMAIL (preferred), Mail or Fax form to:

Tyler Maneval, CAD Administrator

30 Universal Rd, Selinsgrove, PA 17870

EMAIL: TMANEVAL@CSR911.ORG or FAX 570.374.5151

Any questions please call

570.372.0535