

CRANSTON 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 crucial information changes, a copy of this form with the appropriate change noted can be mailed or **faxed** to:

City of Cranston Fire Department
Fire Alarm Superintendent
301 Pontiac Avenue Cranston, RI 02910-2032
Office: (401)780-4014 Shop:(401)780-4012 Fax:(401)467-1560

Date: _____

BUSINESS / OCCUPANT INFORMATION

Business/Occupant Name: _____
Address: _____
Cranston, Rhode Island 029____ - _____
Business Phone #: _____ Other Phone #: _____

BUSINESS OWNER INFORMATION

Business Owner Name: _____
Business Owner Address: _____
City/State/Zip: _____ Owner
Phone: _____ Owner Phone other: _____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 abovelocationto have new door keysplacedin 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: www.cranstonri.com/generalpage.php?page=25