



LONDONDERRY FIRE DEPARTMENT

EMERGENCY CONTACT INFORMATION FORM

In order to keep our records concerning your business as accurate as possible, we would appreciate your cooperation in completing the information below. By providing the information requested, we are better able to serve you and your company in the event of an emergency.

Please e-mail this form to the Londonderry Fire Department at dispatcher@londonderrynhfire.gov. Include **EMERGENCY CONTACT INFORMATION FORM** in the subject line. Feel free to resubmit this form if any of the information changes.

Please fill in all applicable fields.

COMPANY INFORMATION	DATE:
Business Name:	Business Phone Number
Business Address	Unit or Building Number
Management Company Name:	Contact Phone Number

AFTER HOURS EMERGENCY CONTACTS: (List in the order you want contacts called.)

Contact Name	Cell/Pager #	Home Phone	Work Phone

Fire Alarm System? Yes ☐ No ☐

Alarm Company Name:	Phone Number:
Location of Fire Alarm Control Panel (If Applicable)	
Knox Box? Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Knox Box (If Applicable)