

**WARWICK FIRE DEPARTMENT  
EMERGENCY CONTACT INFORMATION FORM**

This form is for the use of the property owner/occupant, to provide updated information for the Fire Department. Please ***Fax*** or ***Mail*** the information to:

**Warwick Fire Department  
111 Veterans Memorial Drive  
Warwick, RI. 02886  
Fax (401) 468-4010 or 468-4043**

**Business/Occupant Information**

**Date** \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Warwick, RI. Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Phone # \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Business Owner Information**

Business Owner Name: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fire Alarm Contractor Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Building/Property Owner Information (If Different Than Business Owner)**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**EMERGENCY CONTACTS:**

<b>Name</b>	<b>Title</b>	<b>Phone #1</b>	<b>Phone #2</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE NOTE:**

If your business has a knox box/key safe box please note where the box is located and that the correct keys are Pin the box.

Location: \_\_\_\_\_

