** EMERGENCY CONTACT**

**DIRECTORY**

BFPD Bus ID#

For Office Use Only

Dear Building Owner /Occupant:

You are required by code to provide updated file information on an annual basis to the Fire Prevention Bureau. The information you provide is confidential and will be used only for communications between you and the Bloomingdale Fire Protection District. Please read and complete this business file information in its entirety and return it to the fire inspector upon completion or fax it to us.

Please retain a blank copy of this form for your records and forward an updated copy anytime personnel or owner information changes.

**DATE:** Click here to enter a date.

**Business Name**: Click here to enter text. **Email:** Click here to enter text.

**Address**: Click here to enter text.**Unit:** Click here to enter text. **City:** Click here to enter text.

**Premise Phone**: Click here to enter text. **After Hours**: Click here to enter text. **Fax**: Click here to enter text.

**Owner of Business**: Click here to enter text. **Home Phone**: Click here to enter text.

**Home Address**: Click here to enter text. **City/State/Zip**: Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Owner of Building**: Click here to enter text. **Phone**: Click here to enter text.

**Home Address**: Click here to enter text. **City/State/Zip**: Click here to enter text.

**Email**: Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Management Company**: Click here to enter text. **Representative**: Click here to enter text.

**Address**: Click here to enter text. **City/State/Zip**: Click here to enter text.

**Phone**: Click here to enter text. **Fax**: Click here to enter text. **Email**: Click here to enter text.

Please indicate below who to contact during non-business hours should the need arise with the closest person listed first. Should we require immediate assistance at your business, we will contact them in the order listed below.

1. **Name**: Click here to enter text. **Email:** Click here to enter text.

 **Primary Phone**: Click here to enter text. **Secondary Phone**: Click here to enter text.

2. **Name**: Click here to enter text. **Email:** Click here to enter text.

 **Primary Phone**: Click here to enter text. **Secondary Phone**: Click here to enter text.

3. **Name**: Click here to enter text. **Email:** Click here to enter text.

 **Primary Phone**: Click here to enter text. **Secondary Phone**: Click here to enter text.