

EMERGENCY CONTACT INFORMATION

Please complete the information below and return this form to our office no later than 30 days after inspection.

Business Name:		Phone:
Business Address (please include Suite #, if applicable):		
Owner/Manager Name:		_
Cell Phone:	Home Phone:	
Please list three (3) additional contacts below (if)	list three (3) additional contacts below (if possible): Contact Name:	
(1) Contact Name:		
Cell Phone:	Home Phone: _	
(2) Contact Name:		
Cell Phone:	Home Phone: _	
(3) Contact Name:		
Cell Phone:	Home Phone: _	

Email completed form to:

<u>LFD-FirePrevention@lafayette.in.gov</u> (Preferred)

-OR-

Fax completed form to: (765) 807-1201

-OR-

Mail completed form to:

Lafayette Fire Department - Dispatch

20 North 6th Street Lafayette, In 47901