



West Dundee Fire Department
100 Carrington Dr., West Dundee, IL. 60118
PH 847-551-3805 FAX 847-551-3814



*****PLEASE RETURN TO LOCAL FIRE DEPARTMENT*****
EMERGENCY CONTACT INFORMATION

DATE _____

OCCUPANCY ID _____

A list of personnel to contact in case of an emergency after your regular closing time is required. The information you supply is for Fire Department and Police Department use only and will be held in the strictest confidence. Please fill out the following information and keep a copy for your records. Copies of this information will be maintained at the police/fire station as well as QuadCom Dispatch Center.

BUSINESS NAME _____

ADDRESS _____

CITY _____

BUSINESS PHONE NUMBER _____ BUSINESS FAX _____

BUSINESS HOURS MONDAY-FRIDAY _____ SATURDAY/SUNDAY _____

BUSINESS EMAIL/OWNER EMAIL _____

Please list the **NAME & PHONE NUMBER** (with area code) of at least three persons having keys to the building and knowledge of its layout and operations.

List in the order to be notified & indicate which key holder is the owner/manager.

NAME	OWNER/MANAGER	PHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

*****PLEASE LIST PROPERTY OWNER IF DIFFERENT THAN ABOVE*****

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

PHONE _____ PHONE _____

If personnel of your business changes, please notify QuadCom at (847) 428-8784 or FAX information to (847) 428-3721. QuadCom is open 24/7. ALSO notify your local FD during business hours ASAP.

FOR OFFICIAL USE ONLY

CARD _____
 DATE _____
 OPR _____

ALARM _____
 DATE _____
 OPR _____

CAD _____
 DATE _____
 OPR _____

FAXED TO QC _____
 ENTERED INTO FH _____
