

Fire Department Emergency Business Contact Form

Please print legibly and return to the Clawson Fire Department via US Mail, FAX or Email
Mailing address: 425 N. Main St. Clawson, MI 48017 FAX (248) 435-5115
Email jruthenbeck@cityofclawson.com

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

PRIMARY EMERGENCY TENANT CONTACT (During & AFTER Hours):

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

EMAIL: _____

SECONDARY TENANT CONTACT (During & AFTER Hours):

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

EMAIL: _____

SEND VIOLATION REPORTS TO

NAME: _____

TITLE: _____

HM ADDRESS: _____

HM PHN: _____ WK PHN: _____

CELL: _____ OTHER: _____

EMAIL: _____

ALARM SYSTEM INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Business has Knox Box | <input type="checkbox"/> Has Monitored Fire Suppression |
| <input type="checkbox"/> Has Monitored Fire Alarm | <input type="checkbox"/> Has Monitored Burglar Alarm |

ALARM MONITORED BY

COMPANY NAME _____

PHONE NUMBER _____