



# CITY OF FORT WRIGHT



409 Kyles Lane, Fort Wright, Kentucky 41011-5146

## EMERGENCY SERVICES BUSINESS CONTACT CARD

(Used by emergency personnel for after hours emergencies)

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home/Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Alarm Type**     Fire     Buglar     Holdup     Panic     Silent     Other  
(check all that apply)

**Alarm Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Is there a Fire Department "Knox Box" installed:**     Yes     No

**Is the business secured by gate/fence:**     Yes     No  
(If "yes", does emergency personnel have key or pass code to access) \_\_\_\_\_

**List any on scene hazards that may exist for emergency personnel (chemicals-flammable/explosive substances-guard dog-etc.):**

\_\_\_\_\_  
\_\_\_\_\_

### *EMERGENCY CONTACT(S) IN ORDER OF NOTIFICATION*

**Name:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_ **By:** \_\_\_\_\_