



# CRYSTAL LAKE FIRE RESCUE DEPARTMENT



## AFTER HOURS CONTACT SHEET

- The emergency contacts listed below are person(s) to be notified in the event of an **after business hours** incident (please provide phone numbers that are reachable after regular business hours.)
- This confidential information is for Fire and Police emergency use only.
- **The Fire Prevention Bureau requests businesses provide current contact information annually.**
- You may e-mail completed forms to [fpb@crystallake.org](mailto:fpb@crystallake.org)
- Please contact our office if you have any questions at (815)356-3640.

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **UNIT/SUITE:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**BUSINESS/PREMISES PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

PLEASE LIST YOUR AFTER HOURS CONTACTS BELOW

**BUSINESS OWNER:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPERTY OWNER:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPERTY MANAGEMENT:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**KEYHOLDER:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**KNOX BOX:**       YES                       NO                       UNKNOWN

**LOCATION:** \_\_\_\_\_

**FORM SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----THIS SECTION FOR OFFICE USE ONLY-----

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLWAN POS. #:** \_\_\_\_\_

FIREHOUSE

ETSB

SEECOM

COMPLIANCE ENGINE