



Sparta Fire Department

* Chief Jerold Bolen *Deputy Chief Daniel Olney



BUSINESS EMERGENCY CONTACT AND FIRE INFORMATION

Business Name: _____ Business Type: _____
 Business Address: _____ City/Township: _____
 Business Location Phone: () _____ Business Fax: () _____
 After Hours Business Phone: () _____
 Business Hours: _____

Alarm Company: _____ Alarm Company Phone: () _____

Alarm Coverages

Burglary: _____
 Fire: _____
 Fire Department Key or Lock/Knox Box Location: _____
 Sprinklers and/or Fire Extinguishers Locations: _____
 Hydrant Locations: _____

Do you have an employee with a disability who would need assistance in case of an emergency?

Yes No

List at least 3 Emergency Contacts, in possession of a key, who are able to respond in case of an emergency.

① Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

② Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

③ Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

④ Name: _____ Home Phone: () _____
 Address: _____ Cell Phone: () _____

⑤ Business/Building Owner: _____ Bus. Phone: () _____
 Address: _____ Cell Phone: () _____

Remarks

List any hazards to police or fire personnel. Attach an 8 1/2" x 11" sketch of the building layout when you click submit, you will be able to add them in the email as an attachment. If chemicals kept on premises, provide where chemicals are kept and utilities are located.