



TOWN OF BABYLON
DIVISION OF FIRE PREVENTION
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EMERGENCY CONTACT FORM

DATE _____

_____	() - _____
BUSINESS NAME	PHONE NUMBER
_____	() - _____
STREET ADDRESS	FAX NUMBER
_____ NY _____	_____
CITY/TOWN ZIP CODE	E-MAIL ADDRESS

_____	() - _____	() - _____
NAME OF PRIMARY CONTACT	PHONE NUMBER	CELL NUMBER
_____	() - _____	() - _____
ALTERNATE CONTACT	PHONE NUMBER	CELL NUMBER
_____	() - _____	() - _____
OTHER CONTACT	PHONE NUMBER	CELL NUMBER

DO NOT WRITE IN THIS BOX

TYPE OF BUSINESS: _____

TYPE OF CONSTRUCTION: _____ ROOF: _____ HEAT: _____

LIPA METER: _____ KEYSpan METER: _____ OIL TANK: _____

FIRE SPRINKLER: Y/N → TYPE OF SYSTEM: _____ FIRE ALARM: Y/N

OTHER INFORMATION:
