



City of Riverside Fire Department
Emergency Contact Information

Business: _____

Address: _____

Phone: _____ Fax: _____

List the names and telephone numbers of three employees or the key holders in the order they are to be contacted in an emergency during hours the business is closed.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Does your business have an alarm system? Yes No

If yes, what type of system is used? Robbery/Panic Alarm Yes No

Burglary/Intrusion Yes No

Fire Alarm Yes No

Alarm Company: _____ Phone: _____

Date this form was completed: _____



1791 Harshman Road
Riverside, Ohio 45424-5017
Telephone: (937) 233-1801
Fax: (937) 237-5965