

**CORTLAND COUNTY DEPARTMENT OF EMERGENCY RESPONSE AND
COMMUNICATIONS**

54 Greenbush Street ~ Cortland, New York 13045
Phone 607 753-5064 ~ Fax 607 756-8457

**Emergency Contact Information Sheet
Directions**

- 1) Download (Save) the form to your computer
- 2) Close the web browser
- 3) Open the File you saved using Adobe Reader
- 4) Fill out the form in entirety and save
- 5) Email the form as an attachment to cmetcalf@cortland-co.org

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Emergency Contact Information Sheet

Date of Information: _____

Business Name: _____ **Phone:(____)** _____

D.B.A.: _____

Address: _____

Business Owner (if applicable):

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone 1: _____

Phone 2: _____

Property Owner (if known):

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone 1: _____

Phone 2: _____

To be notified in case of an Emergency:

1st Name: _____ **Title:** _____ **Key Holder:** Yes No

Home Phone: _____ Cell Phone _____

Address: _____

City, State Zip: _____

2nd Name: _____ **Title:** _____ **Key Holder:** Yes No

Home Phone: _____ Cell Phone _____

Address: _____

City, State Zip: _____

3rd Name: _____ **Title:** _____ **Key Holder:** Yes No

Home Phone: _____ Cell Phone _____

Address: _____

City, State Zip: _____

4th Name: _____ **Title:** _____ **Key Holder:** Yes No

Home Phone: _____ Cell Phone _____

Address: _____

City, State Zip: _____

Business Information:

Number of Employees: _____

Number of shifts: _____

Business Type: _____

(Restaurant, manufacturing, retail, etc)

Square footage: _____

Number of Exits: _____

Number of floors: _____

Basement:

Does your business or property have any of the following? (Please check all that apply)

Law Enforcement

<input type="checkbox"/> Surveillance/Security Video	<input type="checkbox"/> Security Guards
<input type="checkbox"/> Is building alarmed for burglary, intrusion, panic...	<input type="checkbox"/> K9 on Premises
Local Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lights on Timers/Intentionally Left on Regularly
Direct Tie In With Company <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Video Surveillance
Alarm Company _____	
Alarm Company Phone Number _____	
Location of Alarm Panel _____	

Fire Service

<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Knox Box
Location of Fire Alarm Panel _____	Location of Knox Box _____
<input type="checkbox"/> Fire Department Connections	Gas Shut Off Location _____
Location of FDC _____	Fuse Box Location _____
Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Elevators

Please list any specific hazards (such as the location of stored flammable liquids, etc.):

Person completing form: _____

Telephone: _____