

**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**

**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:**

**1<sup>st</sup> Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Key Holder:** Yes No

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**2<sup>nd</sup> Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Key Holder:** Yes No

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**3<sup>rd</sup> Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Key Holder:** Yes No

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**4<sup>th</sup> 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.):**

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Person completing form: \_\_\_\_\_

Telephone: \_\_\_\_\_