



# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE FIRE MARSHAL

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050



## BUSINESS EMERGENCY NOTIFICATION FORM

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ After hours Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Alarm Company: \_\_\_\_\_ Alarm Company Phone# \_\_\_\_\_  
Business Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Key or Lock / Knox Box Location (If applicable): \_\_\_\_\_

Do you have an AED on site?      Yes      No      If yes, please list the AED location in the remarks below.

Please list at least **three** people with your company who are in **possession of a key**, and are **able to respond** to the business in an emergency situation:

| <u>Name</u> | <u>Home Phone</u> | <u>Cell phone</u> |
|-------------|-------------------|-------------------|
| 1. _____    | _____             | _____             |
| 2. _____    | _____             | _____             |
| 3. _____    | _____             | _____             |
| 4. _____    | _____             | _____             |
| 5. _____    | _____             | _____             |

Remarks: (please describe your business and any additional information or hazards to police or fire personnel)

---

---

---

---

**Please return this form to the Fire Marshal by mail, fax or email ([firemarshal@grandhaven.org](mailto:firemarshal@grandhaven.org))**