CITY OF LODI
Fire Department
210 West Elm St./PO Box 3006, Lodi, CA 95241-1910
(209) 333-6739

Emergency Contact Information

The following information is confidential and is used only by the Lodi Fire and Police Departments for notification in the event of an emergency at your place of business. This information is not required but is requested to help us contact you in the event of an emergency response. Please fill out and return this form to our office as soon as possible.

Business Information

BUSINESS NAME		BUSINESS OWNER NAME
PHYSICAL ADDRESS ADDRESS: _____ SUITE: ZIP CODE:		MAILING ADDRESS ☐ CHECK IF SAME AS PHYSICAL ADDRESS ADDRESS: _____ SUITE: ZIP CODE:
PHONE NUMBER	PRIMARY ( ) –	ALTERNATE ( ) –
AFTER HOURS CONTACT	**NAME:** **PHONE #:** ( ) – **NAME:** **PHONE #:** ( ) –	
EMAIL:		
BUSINESS TYPE:		

Property Owner or Manager Information

PROPERTY NAME		PROPERTY OWNER NAME
MAILING ADDRESS ADDRESS: SUITE: ZIP CODE:		
PHONE NUMBER	PRIMARY ( ) –	ALTERNATE ( ) –
EMAIL:		

Building Status

☐ Vacant ☐ Under Construction ☐ In Use

I certify that the above statement(s) are true and correct to the best of my knowledge and belief.

_____ _____
Signature of Responsible Party Date

_____ _____
Printed Name of Responsible Party Position/Title

IF ANY OF THE LISTED CONTACT INFORMATION CHANGES, PLEASE SEND A REVISED COPY OF THIS FORM TO:

Lodi Fire Prevention Bureau
210 West Elm St. Lodi, CA 95240
FIRE@LODI.GOV