



**Edwardsville Borough
Fire & Police Departments**

470 Main St.
Edwardsville, PA 18704
Phone 570-288-8463
Fax 570-331-0620

Business Key Holder & Emergency Contact Form

The Department of Emergency Services is currently updating its database on businesses located within Edwardsville Borough. This information is kept on file so that we may contact you, or the appropriate person, in the event of an alarm or emergency that may arise at your business after hours. Information will be used only **in the event of an emergency**. We would appreciate you taking a few minutes to complete the form including any appropriate cell phone or pager numbers.

In the event of an incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. It would be necessary for that person to respond with keys to the property, and a proper alarm code if applicable.

Should your information change, please let us know so that we can keep our records as current as possible. You may mail or fax the form or drop it off at the Fire Department.

IF SUBMITTING VIA FACSIMILE, PLEASE SEND TO (570-331-0620), ATTENTION "FIRE COMMUNICATIONS"

Thank you in advance for your assistance!

EDWARDSVILLE EMERGENCY SERVICES

KEY HOLDER AND EMERGENCY CONTACT FORM

Submitting this form allows local fire and police agencies to contact you, in the event of an emergency incident.

BUSINESS LOCATION

Business Name:

Address 1:

Business Phone No.:

OWNER/ MANAGER

Business Owner/Manager:

Business Owner/Manager Phone No.:

Cell #:

Address:

CONTACT PERSONS (If owner is unable to be contacted)

*INSTRUCTIONS: In the event of an emergency, we will begin with the **first** emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. List as many contact persons as you wish.*

1	Name/Title:
	Phone No.: Cell#
2	Name/Title:
	Phone No.: Cell#
3	Name/Title:
	Phone No.: Cell#

ALARM INFORMATION

DO YOU HAVE AN ALARM SYSTEM? YES ☐ NO ☐

TYPE OF ALARM: FIRE ☐ BURGLARY ☐ HOLD UP ☐

ALARM MONITORING COMPANY:

ALARM CO. 24 HOUR PHONE #

KNOX BOX: YES ☐ NO ☐

HAZARDOUS MATERIALS ON SITE: YES ☐ NO ☐

Hazardous material locations: