

East Dundee and Countryside Fire Protection District Emergency Contact Form

401 Dundee Ave.
East Dundee IL 60118



www.edfire.com
Fireprevention@edfire.com

Date: _____

Business Name: _____

Address: _____ Suite/Unit: _____

City: _____ State/Zip: _____

Phone number: _____ Unit/Building Square Footage _____

E-Mail Address: _____

Business Hours:

Mon-Fri: _____ thru _____ Sat: _____ thru _____ Sun: _____ thru _____

****LIST KEYHOLDERS AND PHONE NUMBERS THAT CAN BE REACHED AFTER NORMAL BUSINESS HOURS ****

1st to be called:

Name: _____ Home: _____

Email: _____ Cell: _____

Key Holder Manager Business Owner Building Owner

2nd to be called:

Name: _____ Home: _____

Email: _____ Cell: _____

Key Holder Manager Business Owner Building Owner

3rd to be called:

Name: _____ Home: _____

Email: _____ Cell: _____

Key Holder Manager Business Owner Building Owner

Business Owner Information

Name: _____

Address: _____ Suite/Unit: _____

City: _____ State/Zip: _____

Email: _____ Phone: _____

Property Owner Information

It is the same as the Business Owner.

Name: _____

Address: _____ Suite/Unit: _____

City: _____ State/Zip: _____

Email: _____ Phone: _____