



FIRE EMERGENCY CONTACT AND INFORMATION FORM FISCAL YEAR 2015/2016

3195 Wilson Ave. SW – Grandville, MI 49418-1274 – (616) 531-3030 – Fax (616) 530-3859

Name of Business		
Business Address		Suite No.
Business Phone	Business Fax	
Business Email Address		

LOCATION OF KNOX BOX (keybox) _____

Has the key been changed in the last year? YES NO
 If so, was the Fire Department notified? YES NO

EMERGENCY CONTACTS: If no changes from last year, please check here

NAME	TITLE	CONTACT PHONE NUMBER

Owner of building	Phone
Address of owner (including city/state/zip)	

IS THERE AN ELEVATOR? _____ IF SO, WHO HAS THE KEY? _____

TYPE OF BUSINESS (retail, restaurant, office, etc.) _____ KIOSK? YES NO

DO YOU HAVE AN FIRE ALARM SYSTEM? _____

ALARM COMPANY NAME: _____ PHONE NUMBER: _____

DO YOU HAVE SPRINKLERS AND/OR FIRE EXTINGUISHERS? _____

DO YOU HAVE/USE ANY HAZARDOUS CHEMICALS? _____

INFORMATION PROVIDED BY: _____

Name: _____ Date: _____

Any questions regarding this form should be directed to the Grandville Fire Department at (616) 530-6211.

We suggest taking a copy of this form for your records as we will ask for this information with each annual renewal of the business license.