

# ORADELL FIRE PREVENTION BUREAU

355 Kinderkamack Rd., Oradell, NJ07649 Ph. 201-261-8200 ex 266 Fax 201-261-4142

## Property/Emergency Contact Information

Property or Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Property/Business Type: \_\_\_\_\_  
Square Footage of your building or tenant space: \_\_\_\_\_

### Property Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Business Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Management Co: (If Applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Alarm Company: (If Applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Emergency Contact #1:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Emergency Contact #2:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. #1: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Ph #2: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_  
EMAIL: \_\_\_\_\_

For Office Use Only:

Received on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_