



Manitowoc Fire Rescue Department Business Emergency Call List

Business Name: _____

Business Owner(s) Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Building Owner(s) Name: _____

Building Owner(s) Phone: _____ Email: _____

Security Alarm Company: _____ Phone: _____

Fire Alarm Company: _____ Phone: _____

After hours call list: Please provide three names that can be notified for after hour's emergencies at your place of business. List in the order they are to be called.

| Full Name (First, Middle, & Last) | Date of Birth | Home Address | Phone (Cell and Home) |
|--------------------------------------|------------------|-----------------|--------------------------|
| Name: Title/Position: | | | Cell: Home: |
| Name: Title/Position: | | | Cell: Home: |
| Name: Title/Position: | | | Cell: Home: |

Hours of Operation

Year Round Business Seasonal Business from _____ to _____

24 hrs./7 days a week

Sunday _____ Monday _____

Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____

Person Completing Form: _____

Date: _____ Title: _____

(Please return form by mail to 900 Quay Street or email to lduckart@manitowoc.org)