

KENT COUNTY



911 Business Emergency Contact & Fire Information

Michelle LaJoye-Young
SHERIFF

Business Name: _____ Business Type: _____
Business Address: _____ City/Township: _____
Business Location Phone: () _____ Business Fax: () _____
Business Suite: _____
Business Hours: _____
Alarm Company: _____ Alarm Company Phone: () _____

Do you have an employee with a disability who would need assistance in case of an emergency?

Yes No

Nature of disability/assistance needed: _____

AED onsite/location: _____

Fire Department Key or Lock/Knox Box Location: _____

List at least 3 Emergency Contacts, in possession of a key, who are able to respond in case of an emergency.

①	Name: _____	Home Phone: () _____
	Address: _____	Cell Phone: () _____
②	Name: _____	Home Phone: () _____
	Address: _____	Cell Phone: () _____
③	Name: _____	Home Phone: () _____
	Address: _____	Cell Phone: () _____
④	Name: _____	Home Phone: () _____
	Address: _____	Cell Phone: () _____
⑤	Business/Building Owner: _____	Bus. Phone: () _____
	Address: _____	Cell Phone: () _____

Remarks

List any hazards to police or fire personnel. Attach an 8 1/2" x 11" sketch of the building layout when you click submit, you will be able to add them in the email as an attachment. If chemicals kept on premises, provide where chemicals are kept and utilities are located.