



OCCUPANT EMERGENCY CONTACT FORM

Royse City Fire Department - Fire Marshal's Office
 305 N Arch St. • Royse City, TX 75189 • Phone: 972.524.4819
 Website: <http://www.roysecity.com/departments/fire/>
 Email: rcfd@roysecity.com

| Business or Occupant | | | |
|-------------------------|--|--------------------------------|--|
| Date | | New Building/Suite or Existing | |
| Business Name | | | |
| Street Address | | | |
| Zip | | | |
| Main Phone | | Fax | |
| Phone 2 | | Bus. Description | |
| Manager's Name & E-mail | | | |

| Business Owner or Corporate Office | | | |
|------------------------------------|--|-----------|--|
| Business Owner Name | | | |
| Owner/Mgmt Co. Name | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Phone 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other | Phone 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other |
| Phone 1 # | | Phone 2 # | |
| Owner's E-mail | | | |

| Building Owner or Management Company | | | |
|--------------------------------------|--|-------------|--|
| Name | | Title | |
| Email | | Key holder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other | Phone 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other |
| Phone 1 # | | Phone 2 # | |

| After Hours Emergency Contacts | | | |
|--------------------------------|--|-------------|--|
| Emergency Contact #1 | | | |
| Name | | Title | |
| City | | Key holder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other | Phone 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other |
| Phone 1 # | | Phone 2 # | |

| Emergency Contact #2 | | | |
|----------------------|--|-------------|--|
| Name | | Title | |
| City | | Key holder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other | Phone 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other |
| Phone 1 # | | Phone 2 # | |