



# 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](mailto:rcfd@roysecity.com)

Business or Occupant			
Date		FDID (for FD use):	
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 #	