



Please fill out the following emergency information for your business as to who you would like contacted after hours in case of an emergency. If you include a pager or cell phone number, please note next to the telephone number which it is. When finished, you may drop off, mail, fax or email this form to us.

This is for emergency use only. Thank you for your cooperation.

Business Name: _____

Address: _____ Suite# _____

City: _____ Zip: _____

Complex or Strip Center Name: _____

Type of Business: _____

Telephone: _____ FAX: _____

Business Hours: Daily: _____ Sat: _____ Sun: _____

Owner's Name: _____

Owner's Number: _____

Emergency Call List *(Please put in order you wish to be notified)*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company: _____

Greenwood Fire Department
 155 E. Main St
 Greenwood, IN 46143
 Office: (317) 882-2599
 Fax: (317)887-5627
 fire@greenwood.in.gov