

Glenview Fire / Police Departments
Confidential Emergency Contact Information

PLEASE FAX TO: 847-724-1752 OR MAIL TO: VILLAGE OF GLENVIEW, 1225 WAUKEGAN, GLENVIEW, IL 60025

Emergency Contact Information

Business Name: _____ Business Phone: _____

Business Address: _____

Business Contact Name: _____ Business Contact Phone: _____

Business Owner Name: _____ Business Owner Phone: _____

Property Owner Name: _____ Property Owner Phone: _____

Additional Contacts

Name(s):	Keyholder(s) Phone:	Approved To					
		Make Decisions For Building		Place Fire Alarm O.O.S.		Place Burglar Alarm O.O.S.	
_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No	Yes	No

Associated Businesses

Name(s):	Phone:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information

Knox Box: Yes No Location of Knox Box: _____

Alarm Panel: Yes No Location of Alarm Panel: _____

Hazard Classification (Inspection Services Only): Special Hazard High Hazard Medium Hazard Low Hazard

Signature: _____ **Date:** _____