

**JOHNSTON FIRE DEPARTMENT**

1520 ATWOOD AVENUE  
JOHNSTON, RHODE ISLAND 02919  
TEL: (401) 351-1600 x20 · FAX: (401) 454-3473  
E-Mail: [fasuperintendent@johnstonfire.us](mailto:fasuperintendent@johnstonfire.us)

**Fire Department Only**

Date: \_\_\_\_\_  
IMC Site #: \_\_\_\_\_  
Local \_\_\_\_\_ Municipal \_\_\_\_\_  
Box # \_\_\_\_\_  
KNOX Box Location: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information Sheet**

Date: \_\_\_\_\_

**Business Owner**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Owners Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Business Emergency Contact Phone #**

1<sup>st</sup> Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

**Building Owner**

Owner Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Owners Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Building Emergency Contact Phone#**

1<sup>st</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Fire Alarm Company**

Company Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Fire Alarm Company Emergency Contact#**

1<sup>st</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_