



# PLEASANTVIEW FIRE PROTECTION DISTRICT BUREAU OF FIRE PREVENTION

IN EMERGENCY  
CALL 911

1970 PLAINFIELD ROAD  
LAGRANGE HIGHLANDS, IL 60525  
PHONE (708) 352-3021  
FAX (708) 579-2058

Please fill out this form and return it to the Pleasantview Fire Protection District Dispatch Center at your earliest convenience either by mail or fax. This vital information is to be used by the Fire Department if a representative of your company needs to be contacted in the event of an emergency. Please enter the contacts in the order that you would like them notified. Please enter any additional information on the back of this form. Thank you for your cooperation.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ File # \_\_\_\_\_ Alarm # \_\_\_\_\_

## EMERGENCY CONTACTS (AFTER NORMAL BUSINESS HOURS)

<b>#1 Name</b>		<b>Title/Affiliation</b>		
Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )	Pager Number ( )	Other Number ( )
<b>#2 Name</b>		<b>Title/Affiliation</b>		
Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )	Pager Number ( )	Other Number ( )
<b>#3 Name</b>		<b>Title/Affiliation</b>		
Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )	Pager Number ( )	Other Number ( )
<b>#4 Name</b>		<b>Title/Affiliation</b>		
Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )	Pager Number ( )	Other Number ( )

**RESPONSIBLE PARTY** (usually the **BUILDING** owner who will receive the Sprinkler and Fire Alarm reminders and/or deficiency letters and will be contacted with problems with the Life Safety systems **DURING** normal business hours.)

Name: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )	Pager Number ( )	Other Number ( )
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**DATE:** \_\_\_\_\_ **NEW / UPDATE**