



**CLIO AREA FIRE AUTHORITY**  
 3291 W. Vienna Rd, MI 48420 Ph: 810-687-8506

**EMERGENCY CONTACT FORM**

Please give completed form to Firefighter during inspection or email [info@clioareafire.com](mailto:info@clioareafire.com) Submit an updated form whenever the information changes.

BUSINESS NAME		COMPLEX NAME		DATE
BUSINESS ADDRESS		SUITE	CITY	ZIP CODE
CHECK ONE: CITY OF CLIO    THEFORD TWP.    VIENNA TWP.		BUSINESS PHONE	TYPE OF BUSINESS	BUSINESS SIZE - SQ. FT.
PROPERTY/COMPLEX OWNER OR MANAGER NAME		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS OWNER'S NAME		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS HOURS (MONDAY – FRIDAY)		SATURDAY HOURS	SUNDAY HOURS	
<b>THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY</b>				
1. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
2. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
3. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
NOTES				
<b><u>KNOX BOX</u></b> YES      NO LOCATION		<b><u>FIRE DEPARTMENT CONNECTION (FDC) ON SITE:</u></b> YES      NO Indicate the side of your building where the FDC is located using North, South, East, West or a variation.		
		<b><u>FIRE SPRINKLER SYSTEM</u></b> YES      NO		
<b><u>HYDRANT LOCATION</u></b> (Indicate side of building using North, South, East, West or a variation)		<b><u>GAS UTILITY</u></b> (Indicate side of building using North, South, East, West or a variation)		<b><u>ELECTRIC UTILITY</u></b> (Indicate side of building using North, South, East, West or a variation)
FIRE ALARM YES      NO	FIRE ALARM COMPANY	FIRE ALARM COMPANY PHONE		FIRE ALARM RESET CODE
NUMBER OF FLOORS / BASEMENT			OCCUPANCY LOAD	