



BEVERLY FIRE DEPARTMENT • 15 Hale Street • Beverly, MA 01915  
978-922-2424

You are requested to complete this form & forward to the Fire Department.  
This information is kept confidential & is maintained in our files for the purpose of  
notifying responsible persons in the event of Emergency or Incidents involving your property.

Date \_\_\_\_\_

### PROPERTY INFORMATION

Name of Business or Organization \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Type of Occupancy  Business  Residential  Mixed Use

If Mixed Use, please provide additional information about commercial tenants:

\_\_\_\_\_  
\_\_\_\_\_

Property Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your property have any aliases or additional address numbers? \_\_\_\_\_

# of residential or commercial units \_\_\_\_\_ Knox Box or Key Keeper  Yes  No  Other \_\_\_\_\_

Knox Box Location \_\_\_\_\_  
*If applicable*

Alarm Monitoring Company \_\_\_\_\_  
*If applicable – please provide Company Name and Phone Number*

### EMERGENCY CONTACTS – Please include 24 hour contacts in this location

Primary Person to Notify in the event of an emergency \_\_\_\_\_

Type of Contact  Property Owner  Manager  Key Holder  Occupant

Cell Phone Number \_\_\_\_\_ Landline Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact in the event of an emergency \_\_\_\_\_

Type of Contact  Property Owner  Manager  Key Holder  Occupant

Cell Phone Number \_\_\_\_\_ Landline Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### Building Owner

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Additional Notes \_\_\_\_\_  
\_\_\_\_\_