

CITY OF ROSEBURG FIRE DEPARTMENT
700 SE DOUGLAS AVENUE
ROSEBURG, OR 97470



CONFIDENTIAL EMERGENCY INFORMATION

Business Name: _____ Phone: _____

Physical Address: _____
Street City Zip Code

Mailing Address: _____
PO Box / Street City Zip Code

Building Owner: _____
Name Home Telephone

Business Manager: _____
Name Home Telephone

List three responsible people (with keys) to contact in an emergency situation

1. _____
Name Home Telephone Cellular/Pager

2. _____
Name Home Telephone Cellular/Pager

3. _____
Name Home Telephone Cellular/Pager

Thank you for taking the time to complete this form.
Please return it to the Roseburg Fire Department as soon as possible.

Submitted by: _____ Date Submitted: _____
Fire Department Officer