



CITY OF LODI FIRE DEPARTMENT

210 WEST ELM STREET
LODI, CALIFORNIA 95240
ADMINISTRATION & FIRE PREVENTION
(209) 333-6739
fire@lodi.gov



EMERGENCY CONTACT INFORMATION

The following information is confidential and is used only by the Lodi Fire and Police Departments for notification in the event of an emergency at your place of business. This information is not required but is requested to help us contact you in the event of an emergency response. Please fill out and return this form to our office as soon as possible.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ **SUITE:** _____

ZIP CODE: _____ **PHONE #:** () _____ **E-MAIL:** _____

TYPE OF BUSINESS: _____

OWNER/MANAGER NAME: _____

After Hours Phone#: Primary () _____ Secondary () _____

Primary Contact #1: _____ Title: _____

After Hours Phone#: Primary () _____ Secondary () _____

Secondary Contact #2: _____ Title: _____

After Hours Phone#: Primary () _____ Secondary () _____

BUILDING OWNER: _____

After Hours Phone#: Primary () _____ Secondary () _____

IF ANY OF THE LISTED CONTACT INFORMATION CHANGES, PLEASE SEND A REVISED COPY OF THIS FORM TO:

*Lodi Fire Prevention Bureau
210 West Elm St.
Lodi, CA. 95240
fire@lodi.gov*

I certify that the above statement(s) are true and correct to the best of my knowledge and belief.

Signature of Responsible Party

Date

Printed Name of Responsible Party

Position/Title