

PLEASE RETURN TO: MMATTEO@WILLOUGHBYPOLICE.COM
WILLOUGHBY POLICE DEPARTMENT
36700 EUCLID AVENUE
WILLOUGHBY OH 44094-4490

POLICE ADMINISTRATION #: 953-4212
COMMUNICATIONS SUPERVISOR#: 953-4226
POLICE FAX #: 953-4225
EMERGENCY#: 911

CITY OF WILLOUGHBY EMERGENCY INFORMATION SHEET & BUSINESS DIRECTORY

NAME DOING BUSINESS AS: _____
(YOUR ACTUAL BUSINESS NAME POSTED ON AN EXTERIOR SIGN) (PARENT CO. NAME IF APPLICABLE) (BUSINESS PHONE) (FAX)

ACTUAL STREET ADDRESS OF YOUR BUSINESS IN WILLOUGHBY: _____ **WILLOUGHBY OH**
(STREET ADDRESS) (BLDG #) (UNIT #)

TYPE OF BUSINESS: _____ BUSINESS HOURS: _____

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BUSINESS OWNER  PRES  MGR : \_\_\_\_\_  
(NAME) (DAY PHONE) (NIGHT PHONE) (CELL PHONE) (PAGER)

CORRESPONDENCE ADDRESS FOR BUSINESS MAIL : \_\_\_\_\_  
(STREET ADDRESS OR PO BOX) (BLDG #) (UNIT #) (CITY) (STATE) (ZIP)

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LANDLORD PROPERTY MGR : _____
(NAME) (DAY PHONE) (NIGHT PHONE) (CELL PHONE) (PAGER)

CORRESPONDENCE ADDRESS FOR BUSINESS MAIL REF BUILDING MAINTENANCE: _____
(STREET ADDRESS OR PO BOX) (BLDG #) (UNIT #) (CITY) (STATE) (ZIP)

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FIRE ALARM?  BURGLAR ALARM?  TYPE: \_\_\_\_\_ ALARM CO \_\_\_\_\_ PHONE #: \_\_\_\_\_

TOTAL SQ. FEET: \_\_\_\_\_ MFG SPACE: \_\_\_\_\_ SQ FT OFFICE: \_\_\_\_\_ SQ FT WAREHOUSE: \_\_\_\_\_ SQ FT

(CONFINED SPACE) PERMIT REQUIRED SPACES (YES)  (NO)  NUMBER OF PRIVATE HYDRANTS ON BUSINESS PROPERTY (if any): \_\_\_\_\_

\*\*AFTER-BUSINESS-HOURS: (EMERGENCY PHONE NUMBERS TO BE CALLED IN THE FOLLOWING ORDER; LIST AT LEAST ONE PHONE NUMBER EACH)

|                | FIRST CONTACT | SECOND CONTACT | THIRD CONTACT | FOURTH CONTACT |
|----------------|---------------|----------------|---------------|----------------|
| NAME           |               |                |               |                |
| STREET ADDRESS |               |                |               |                |
| CITY & STATE   |               |                |               |                |
| NIGHT PHONE    |               |                |               |                |
| CELL PHONE     |               |                |               |                |
| PAGER          |               |                |               |                |