

**CITY OF ROSEBURG**



**CONFIDENTIAL EMERGENCY INFORMATION**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City Zip Code

Mailing Address: \_\_\_\_\_  
PO Box 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