



## Lake Villa Fire Protection District Emergency Contact Form

The information you provide on this form is vital in the event of an emergency. Each business is required to have an owner or authorized representative and keyholder able to respond if needed by the Fire Department. It is your responsibility to notify us of any change in the type of alarm or names and telephone numbers of keyholders. All information is confidential and is only used in case of an emergency at your business.

**Business Name:**

**Business Address:**

**Business Number:**

  

**Keyholder Name**

**Phone**

**Email**

Keyholder Name	Phone	Email

**PLEASE LIST NAMES BY PREFERENCE**

**Please Print Clearly**

Return by: Fax: (847) 356-7530 or Email: [jbiggs@lakevillafpd.com](mailto:jbiggs@lakevillafpd.com)

Mail: Lake Villa Fire Protection District, P.O. Box 269, 910 East Grand Ave, Lake Villa, IL. 60046