

**Collin County Fire Marshal's Office  
Occupant Emergency Contact Form**

4690 Community Avenue, Suite 200, McKinney, TX 75071  
phone (972) 548-5576 fax (972) 548-5574

**(page 3) Commercial application**

<b>This section refers to the business or occupant.</b>			
Date		FDID (for FD use):	
Business Name			
Street Address			
Zip			
Main Phone		Fax	
Phone 2		Bus. Description	
Manager's Name & E-mail			

<b>This section refers to the business owner or corporate office.</b>			
Business Owner Name			
Owner/Mgmt Co. Name			
Mailing Address			
City, State, Zip			
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other	Phone 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other
Phone 1 #		Phone 2 #	
Owner's E-mail			

<b>After-hours emergency contacts.</b>			
<b>Emergency Contact #1</b>			
Name		Title	
City		Key holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other	Phone 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other
Phone 1 #		Phone 2 #	

<b>Emergency Contact #2</b>			
Name		Title	
City		Key holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other	Phone 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other
Phone 1 #		Phone 2 #	

<b>Emergency Contact #3</b>			
Name		Title	
City		Key holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Phone 1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other	Phone 2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Office <input type="checkbox"/> Other
Phone 1 #		Phone 2 #	