CITY OF FIREBAUGH



FRESNO COUNTY, CALIFORNIA

1133 "P" STREET FIREBAUGH, CALIFORNIA 93622-2547 (559) 659-2043 FAX (559) 659-3412

POLICE DEPARTMENT RESPONSIBLE PARTY NOTIFICATION ALL LICENSE APPLICANTS ONLY WITHIN CITY LOCATIONS

The following information must be completed and returned with your business license application and remittance:

Please understand that the requested information is for use by the Police and Fire Departments to notify a responsible party in the event an emergency situation occurs at your place of business. If this information should change, please notify the Firebaugh Police and Fire Departments at (559) 659-3051.

| FULL NAME OF BUSINESS | |
|-----------------------|------|
| BUSINESS ADDRESS | |
| BUSINESS TELEPHONE | |
| | |

Please list below the names, home addresses, and home phone numbers of four or more persons who can be contacted in the event of an emergency at your business. These persons must have keys and know any alarm codes to access your business. Please list these people in the order that you wish them contacted. If your business is alarm equipped DO NOT LIST PERSONS WHO DO NOT LIVE WITHIN A 30 MINUTE RESPONSE TIME – THEY WILL NOT BE CALLED.

| #1 Name | Address | Phone |
|---------|---------|-------|
| #2 Name | Address | Phone |
| #3 Name | Address | Phone |
| #4 Name | Address | Phone |

Many times, the Police and Fire Departments find it necessary to contact the alarm company for a business. Please assist us by supplying the name, mailing address, (including zip code) and telephone number of your alarm company. Please provide information on the type of alarm installed in your place of business.

| ALARM COMPANY | | | |
|-------------------|------------------------------|-------------------|-------|
| | | | |
| | ZIP: | | |
| | | | |
| TYPE OF ALARM SYS | STEM: BURGLARYROBBERYDISTURB | ANCESILENTAUDIBLE | _FIRE |
| | 3 | | |
| SIGNATURE | TITLE | DATE | |