

ROCK COMMUNITY FIRE PROTECTION DISTRICT EMERGENCY CONTACT LIST

BUSINESS NAME: _____ STORE # _____

ADDRESS: _____

BUSINESS PHONE NUMBER: _____

INSPECTION REPORT EMAIL

(REQUIRED): _____

ALL INSPECTIONS AND CORRESPONDENCE IS SENT THROUGH EMAIL. AN EMAIL ADDRESS IS REQUIRED.

All persons listed under Emergency Contacts must be local

EMERGENCY CONTACT #1

NAME: _____ TITLE: _____

CELL : (_____) _____ - _____ Email : _____

EMERGENCY CONTACT #2

NAME: _____ TITLE: _____

CELL : (_____) _____ - _____ Email : _____

EMERGENCY CONTACT #3

NAME: _____ TITLE: _____

CELL : (_____) _____ - _____ Email : _____

BUILDING OWNER / PROPERTY MANAGER:

NAME: _____

TITLE: _____

PHONE: (_____) _____

Email : _____

COMPLETE THIS FORM IN ITS ENTIRETY AND
EMAIL BACK **BEFORE** YOUR REINSPECTION TO:

itmreports@rockfire-rescue.org