



# CITY OF CAMBRIDGE

125 Sixth Street, CAMBRIDGE, MA. 02142  
TEL. (617) 349-6911 FAX (617) 349-3394  
www.cambridge911.org

EMERGENCY COMMUNICATIONS DEPARTMENT

## Emergency Contact Information Worksheet City of Cambridge 911 Center

The Cambridge 911/Emergency Communications Center receives all 911 calls and dispatches all Police, Fire, and EMS vehicles to emergencies in the city. In the event of an emergency after business hours we may need to quickly contact a business owner, manager, or other authorized person who can respond with keys to a property, reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. We have developed a computer file to manage this information and are soliciting updated information about contact persons for your business.

Please fill-in the information below, providing us with at least two contact names (preferably three) so that a notification can always be made. The contact information will be kept confidential in the Center and only used for notification purposes by the Center and/or Police or Fire personnel.

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BUSINESS NAME: \_\_\_\_\_

ADDRESS IN CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ (OFFICE, GAS STATION, etc.)

### EMERGENCY CONTACTS:

1. **Owner: Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone (including Area Code): \_\_\_\_\_

2. Name: **Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone(Including Area Code): \_\_\_\_\_

3. Name: **Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone (including Area Code): \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Entered:	By:
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**MAIL OR FAX TO THE ABOVE LOCATION/FAX NUMBER**