



Potsdam Volunteer Fire Department, Inc.

"Making House Calls Since 1857"

P.O. Box 756, 42 Main Street, Potsdam, NY 13676

Emergency: Dial 9•1•1 or 315-265-3311

Non-Emergency: 315-265-4397 or FAX: 315-265-7738

Website: www.potsdamfire.org ■■■ Email: info@potsdamfire.org

LOCAL BUSINESS EMERGENCY CONTACT SURVEY			
Business Name:			
Address:		Phone 1:	
Hours:	Mon-Fri	Sat-Sun	Phone 2:
Website:			Fax:
Email Address:			Pager:
Business Type:	<input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other		
BUILDING QUESTIONS			
Do you own the building? <input type="checkbox"/> Yes <input type="checkbox"/> No - If you answer No, please list the building owner below.			
Building Owner:		Phone 1:	
Address		Phone 2:	
Alarms Present:	<input type="checkbox"/> Fire <input type="checkbox"/> Burglary <input type="checkbox"/> Other		Alarm Panel Location
Auto Dialer	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your alarm system monitored by a central station? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what company monitors the alarm?			
Does the building have a standpipe/sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please specify the location of the Fire Department Connection:			
Roof Type:		Stories:	Square Feet:
Elevator:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elevator Mfg:	
SPEICAL HAZARDS / ADDITIONAL INFORMATION			
(Please include any hazardous materials or notes that may be pertinent about your business/building)			



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LOCAL BUSINESS EMERGENCY CONTACT SURVEY			
Page 2	Business Name:		
Emergency Contact #1			
Name:		Phone 1:	
Title:		Phone 2:	
Address:		Pager:	
Email:		Hours:	
Emergency Contact #2			
Name:		Phone 1:	
Title:		Phone 2:	
Address:		Pager:	
Email:		Hours:	
Emergency Contact #3			
Name:		Phone 1:	
Title:		Phone 2:	
Address:		Pager:	
Email:		Hours:	
Emergency Contact #4			
Name:		Phone 1:	
Title:		Phone 2:	
Address:		Pager:	
Email:		Hours:	
Information Supplied By			
Print Name:			
Sign Name:			
Title:		Date:	

Return completed survey to: Chief Christopher A. Taylor via email: knoxbox@potsdamfire.org or by mail to the Potsdam Fire Department, P.O. Box 756, Potsdam, NY 13676