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KNOX BOX / EMERGENCY CONTACT SHEET

NAME OF CORPORATION/BUSINESS: _____

ADDRESS: _____

TELEPHONE: (_____) _____

TYPE OF WORK (DESCRIBE BRIEFLY) _____

NAME OF BUILDING MANAGEMENT/OWNER: _____

TELEPHONE: (_____) _____ ADDRESS: _____

CITY: _____ ZIP: _____

LIST BELOW THE NAMES OF RESPONSIBLE PERSONS YOU WOULD WANT CALLED IN THE EVENT OF AN EMERGENCY AFTER WORKING HOURS:

1. NAME: _____

PHONE: (_____) _____ CITY: _____

2. NAME: _____

PHONE: (_____) _____ CITY: _____

3. NAME: _____

PHONE: (_____) _____ CITY: _____

Business Owner/Occupant please take a moment and update this form; this information is used in the event of an emergency in your business. Please note any time you have a change in contact information we request you download a new form fill it out and fax it or mail it to the fire dept. Attn: Knox Box Coordinator.