



## TOWN OF FENWICK ISLAND BUSINESS EMERGENCY CONTACT FORM

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Business Owner(s) Name (Person or Corporation): \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is Business open year-round: YES \_\_\_\_\_ NO \_\_\_\_\_

### **Summer Season** (after business hours) Contact Information

Primary Contact Name: \_\_\_\_\_ Primary Contact Phone Number: \_\_\_\_\_

Position/title/authority of Contact: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Secondary Contact Phone Number: \_\_\_\_\_

Position/title/authority of Contact: \_\_\_\_\_

### **Winter Season** (if different from Summer Season)

Primary Contact Name: \_\_\_\_\_ Primary Contact Phone Number: \_\_\_\_\_

Position/title/authority of Contact: \_\_\_\_\_



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Secondary Contact Name: \_\_\_\_\_ Secondary Contact Phone Number: \_\_\_\_\_

Position/title/authority of Contact: \_\_\_\_\_

Does Business have an alarm: YES \_\_\_ NO \_\_\_

If Yes name of Alarm Company/Provider: \_\_\_\_\_

Alarm Company/Provider Phone Number (business hours): \_\_\_\_\_

Alarm Company/Provider Phone Number (after business hours): \_\_\_\_\_

Comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form, Fenwick Island is updating this information. If any questions or concerns please contact  
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