TOWN OF FENWICK ISLAND
EMERGENCY CONTACT FORM

☐ Residential Property

☐ Business Property

General Information

Fenwick Island Property Address (**REQUIRED**): _____

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Property Use Details

☐ Year-Round Residence

Property Management Company –

Name: _____

Phone: _____

Business Open Year-Round: ☐ YES ☐ NO

Emergency Contact (Other Than Owner)

Contact Name: _____

Phone Number: _____

Alarm System

Company Name: _____

Phone: _____