

Keller Fire-Rescue

EMERGENCY CONTACT INFORMATION

Date: _____

Business Name: _____

Address: _____

Business Phone #1: _____ #2: _____

Business Fax #: _____

Normal Business Hours: _____

***** Please provide at least two contacts that have keys to the property and will respond after normal business hours and weekends if called:***

Primary Contact Name: _____ Title: _____

Cell: _____

Email: _____

Secondary Contact Name: _____ Title: _____

Cell: _____

Email: _____

Is Tier II reporting to the Texas Department of Health required? _____

Hazardous Materials: _____

Building Owner / Landlord: _____

Contact: _____ Phone: _____

Fax to: 817-743-4409 or mail to: **Keller Fire Rescue, PO Box 770, Keller TX 76244**

Office Phone: 817-743-4400

Last Updated January 10, 2018