



Easton Fire Department
&
Northampton County 9-1-1
Emergency Contact Form



Business Name: _____

Bus. Owner Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Municipality: City of Easton

1st Phone No. _____

Phone No. _____

2nd Phone No. _____

Alarm Information

Alarm Company: _____

Phone No. _____

Alarm Type(s): (Check all that apply)

- (Fire) (Hold Up) (Intrusion) (Medical Alert)
(Other) Explain: _____

Emergency Contacts

1. Name: _____

2. Name: _____

Title/Relationship _____

Title/Relationship _____

Phone No. (____) _____

Phone No. (____) _____

Phone No. (____) _____

Phone No. (____) _____

3. Name: _____

4. Name: _____

Title/Relationship _____

Title/Relationship _____

Phone No. (____) _____

Phone No. (____) _____

Phone No. (____) _____

Phone No. (____) _____

*Emergency contacts may list more than one telephone number, i.e., cellular & home.

***** FIRE DEPT. OFFICIAL USE ONLY *****

Fire Officer Signature: _____ Date _____ / _____ / _____

____ / ____ / ____ BY _____
Date Entered FH Data Base Initials

____ / ____ / ____ BY _____
Date FAXED to 9-1-1 Initials

Easton Fire Department – 11 N. 6th Street – Easton, PA 18042
Business Phone: 610-250-6676 – FAX: 610-330-2277

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Additional Points of Contact:

Fax # _____

Alternate Fax #: _____

Add'l Contact Name: _____

Phone: _____

Other / Additional pertinent site information:

***** 9-1-1 OFFICIAL USE ONLY *****

911 Operations Center
100 Gracedale Avenue
Nazareth, PA 18064
(610) 746-3194
Fax: (610) 746-3199

Signature: _____

Date Completed: / /

_____ / _____ / _____
Date Received

_____ / _____ / _____

Entered CAD:

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