



**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 1<sup>st</sup> Phone No. \_\_\_\_\_  
Phone No. \_\_\_\_\_ 2<sup>nd</sup> 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: _____ Title/Relationship _____ Phone No. (____) _____ Phone No. (____) _____	2. Name: _____ Title/Relationship _____ Phone No. (____) _____ Phone No. (____) _____
3. Name: _____ Title/Relationship _____ Phone No. (____) _____ Phone No. (____) _____	4. Name: _____ Title/Relationship _____ 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 Date FAXED to 9-1-1 BY \_\_\_\_\_  
Initials

Easton Fire Department – 11 N. 6<sup>th</sup> 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: \_\_\_\_\_

Add'l Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Add'l Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Add'l Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Other / Additional pertinent site information:

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\*\*\*\*\* 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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