



**GRAND VALLEY & DISTRICT  
FIRE DEPARTMENT**

*Kevin McNeilly, Fire Chief*

PO Box 83

Grand Valley ON

L9W 7G1

Tel# (519)928-3460 Fax# (519)928-2456



Email: [kmcneilly@gvdfd.com](mailto:kmcneilly@gvdfd.com)

## **Emergency Key-Holder Information**

Dear Business Owner:

The information you are providing on this form is vital to the Grand Valley & District Fire Department in the event of an emergency at your business. Please take the time to fill out this form which will allow the Fire Department to provide you with a higher level of service to meet your expectations.

All information is confidential and is only used in case of an emergency at your business. If you have any questions regarding this form, please do not hesitate to call me. Thank you for your time.

Fire Chief  
Kevin McNeilly



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## Business Information

Name: _____	Type: _____
Address: _____	City: _____
Province: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Fax: _____	Email: _____

### Do you have the following?

Key Box Installed?	Yes _____	No _____
If Yes, Location?	_____	
Fire Safety Plan?	Yes _____	No _____
Date Approved	_____	
Monitored Alarm?	Yes _____	No _____
Alarm Company	_____	
Phone Number	_____	



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**Business Hours: (Fill in cells the hours open)**

Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

**Key Holders: (Please fill in the cells of persons who can respond quickly in the event of an emergency)**

	<b>First Key Holder</b>	<b>Second Key Holder</b>	<b>Third Key Holder</b>
Name			
Home Phone			
Cell Phone			
Email			
Has Key? (Y/N)			



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## Business Owner Information

Business Owner Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Building/Property Owner Information

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please use the space below to add any other information you feel we need:**