

# BUSINESS OCCUPANCY INFORMATION

## PRIMARY CONTACT

May include the **Building Owner, Business Owner** or who ever needs to be the first person called in case of an emergency, fire, etc. *Is this a Knox box facility YES or NO. If no, would you like additional information on the Knox Box program YES or NO.*  
(Circle One) (Circle One)

BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Number Prefix Street Type Suffix,

NAME : \_\_\_\_\_  
Last , First

HOME ADDRESS: \_\_\_\_\_  
Number Prefix Street Type Suffix, City , Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Area Code) (Area Code)

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(Area Code)

KEY HOLDER: YES or NO  
(Circle One)

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## SECONDARY CONTACTS

Business Manager/ Include any additional contact if primary contact is unavailable. Please list in order of importance.

NAME : \_\_\_\_\_  
Last , First

HOME ADDRESS: \_\_\_\_\_  
Number Prefix Street Type Suffix, City , Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Area Code) (Area Code)

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(Area Code)

KEY HOLDER: YES or NO  
(Circle One)

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## ADDITIONAL CONTACTS

NAME: \_\_\_\_\_  
Last , First

HOME ADDRESS: \_\_\_\_\_  
Number Prefix Street Type Suffix, City , Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Area Code) (Area Code)

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(Area Code)

KEY HOLDER: YES or NO  
(Circle One)

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## INSURANCE INFORMATION

INSURANCE COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
Number Prefix Street Type Suffix, City , Zip

COMPANY PHONE: \_\_\_\_\_  
(Area Code)

AGENT NAME: \_\_\_\_\_  
Last , First

AGENT ADDRESS : \_\_\_\_\_

AGENT PHONE: \_\_\_\_\_  
(Area Code)

POLICY NUMBER: \_\_\_\_\_

ESTIMATED PROPERTY VALUE: \_\_\_\_\_ ESTIMATED CONTENT VALUE: \_\_\_\_\_

Please return to Georgetown Fire Department, located at 816 S Main Street mail or fax to:

Georgetown Fire Department  
ATTN: Fire Administration  
PO Box 409  
Georgetown, TX 78627-0409  
Fax: 512-930-3613