



# CITY OF WILLOWICK

30435 Lakeshore Boulevard • Willowick, Ohio 44095  
www.cityofwillowick.com



## FIRE DEPARTMENT

**William Malovrh,**  
**Chief of Fire**

Phone (440) 585-1202 • Fax (440) 585-4112

## POLICE DEPARTMENT

**Rob T. Daubenmire,**  
**Chief of Police**

Phone (440) 585-1234 • Fax (440) 585-3770

*Dear Business Owner/Manager,*

The Willowick Fire Department is here to perform a Pre-Incident Plan. The purpose of this visit is to prepare personnel to respond to emergencies at this building by evaluating its structure, contents, and occupancy. As we tour your building, please provide the important information requested below and return it to the firefighters before they leave. Thank you for your assistance in this cooperative effort to better prepare for effective management of emergencies at your facility.

**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**AVG. # WORKING OCCUPANTS:**

**BUSINESS OWNER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**BUSINESS HOURS:**

**BURGLAR ALARM COMPANY:**

**BURGLAR ALARM CO. PHONE:**

**BURGLAR ALARM RESET CODE:**

### EMERGENCY CONTACTS

- NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CELL/PAGER:** \_\_\_\_\_
- NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CELL/PAGER:** \_\_\_\_\_
- NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CELL/PAGER:** \_\_\_\_\_

**BURGLAR ALARM RESET CODE:**

**FIRE ALARM COMPANY:**

**FIRE ALARM CO. PHONE:**

**FIRE ALARM RESET CODE:**

**HOLD UP / PANIC ALARM: YES / NO**  
**ALARM SELF RESET: YES / NO**