Please provide the following contact information for your facility. This information ensures that we have the most up to date contact information for your facility in the event of an emergency. Fill in any blank spaces as much as possible. We appreciate your response and dedication to the most vulnerable in our community. If you have any questions, please feel free to contact me at 239-252-3625.

FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PHYSICAL LOCATION** | | | |
| STREET ADDRESS: |  | | |
| CITY, STATE, ZIP: |  |  |  |
| MAIN TELEPHONE #: |  | | |
| FAX #: |  | | |

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| --- | --- | --- | --- |
| **MAILING ADDRESS** | | | |
| STREET ADDRESS: |  | | |
| CITY, STATE, ZIP: |  |  |  |

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| **FACILITY CONTACTS** | | |
| OWNERS NAME: |  | |
| OWNER CONTACT #: | |  |
| ADMIN. NAME: | |  |
| ADMIN. CONTACT #: | |  |
| ADMIN. EMAIL ADDRESS: | |  |
| SAFETY OFFICER NAME: | |  |
| SAFETY OFFICER CONTACT #: | |  |
| MAINTENANCE NAME: | |  |
| MAINTENANCE CONTACT #: | |  |
| PPE DELIVERY CONTACT: | |  |
| PPE DELIVERY CONTACT #: | |  |
| PPE CONTACT EMAIL ADDRESS: | |  |
| GENERATOR SERVICER NAME: | |  |
| GENERATOR CONTACT #: | |  |

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| **EMERGENCY CONTACTS (24 Hour Telephone Numbers)** | |
| PRIMARY NAME: |  |
| PRIMARY CONTACT #: |  |
| SECONDARY NAME: |  |
| SECONDARY CONTACT #: |  |
| TERTIARY NAME: |  |
| TERTIARY CONTACT #: |  |