## **TOWN OF HUDSON – FIRE DEPARTMENT**



15 Library Street • Hudson, New Hampshire 03051 • Tel: 603-886-6021 • Fax: 603-594-1164

## **Business Survey**

Dear Business Owner/Manager,

The Hudson Fire Department dispatches emergency personnel and apparatus for both Hudson and Litchfield. We maintain vital information regarding businesses in our dispatch computers to aid the two departments in mitigating emergency situations. Please assist us by providing the information requested below and return this form to the Hudson Fire Department. All data submitted shall be kept strictly confidential. Thank you for your cooperation in making your business fire safe.

Business Name:Date:			:
Business Address:			
Business Telephone:	We	ebsite:	
Nature of Business:			
Building Owner(s):			
Owner's Address:			
Owner's Telephone:	Own	er's E-mail Address:	
Is your facility protected	by a sprinkler system or fi	re alarm system?	
Sprinkler System Ye	esNo	Fire Alarm System	YesNo
If yes, which type of system	n is it?		
If yes, is the fire alarm sy	vstem connected directly to	the Hudson Fire Depar	rtment?
Master Box/Digital Dialer	Number:		
Special considerations:			
	ephone numbers of person		
First:	Cell Phone #:	Home	Phone #:
Second:	Cell Phone #:	Home	Phone #:
Third:	Cell Phone #:	Home	Phone #:

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

Fourth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_