City of Cornelia Fire Department

Attn: Fire Marshal

P.O. Box 785

Cornelia, GA 30531

Phone: 706-778-8585 Ext284

 LOCK BOX ORDER FORM

Please remit $25.00 payment to City Hall to purchase a small lock box from us.

 Boxes can also be purchased at knoxbox.com

Please complete and return to City Hall.

Business Name:

Business Location Address:

Business Mailing Address:

Business Phone:

Business Type: Retail Service Manufacturing Other (If other, please explain)

Hours of Operation:

Owner(s) Name(s) Phone:

 Phone:

Do you own the building?: Yes No If you answer no, please list the building owner below.

Building Owner: Phone: Address: Alternate Phone: In an emergency, contact persons in this order:

**First Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Contact**

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alarm System**: Yes No **Alarm Audible**: Yes No **Auto Dialer**: Yes No

**Alarm Panel Location**:

**Is your alarm system monitored by a central station?**: Yes No

**Alarm Company Name**:

**Phone**:

**Alarm Types**: Burglar Hold Up Panic Fire Medical

**Does the building have a standpipe/sprinkler system?**: Yes No

**If yes, please specify the location of the Fire Department Connection**:

Roof Type:

Stories:

Square Feet:

Elevator: Yes NO Elevator Manufacturer:

**SPECIAL HAZARDS/ADDITIONAL INFORMATION**

(Please include any hazardous materials or notes that may be pertinent about your business/building ie: guard dog, hazardous chemicals, etc.)

**Owners Signature:**

Date:

NOTE: All this information is confidential and stored at the Fire Station. This information is not accessible to anyone other than our public safety employees and is used for emergency purposes only.