



Commission on
Fire Accreditation
International

West Des Moines Fire Department Emergency Contact Information

What is this for? This information is strictly confidential AND WILL NOT BE AVAILABLE TO ANYONE OTHER THAN WEST DES MOINES FIRE, POLICE AND EMS PERSONNEL. The contacts should be persons who live close and/or manage the property to allow entry of emergency personnel during non-business hours. We are confident that if there is an incident in your place of business during non-business hours that you would want to know about it.

Name of Business: _____ Phone #: _____

Street Address: _____ Suite #: _____

Key Holder Contacts (please print and list in order of contact) **This may include Property Management**

1. Please check those that apply: Owner Occupant Keyholder

Last Name	First Name	Title
Home Phone	Cell Phone	Pager

2. Please check those that apply: Owner Occupant Keyholder

Last Name	First Name	Title
Home Phone	Cell Phone	Pager

3. Please check those that apply: Owner Occupant Keyholder

Last Name	First Name	Title
Home Phone	Cell Phone	Pager

Please list the date you began occupying this space: _____

Please return this information to fire@wdm.iowa.gov, fax to 515-222-3379 or mail to the address below.