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| **Burlington Fire Department – Office of the Fire Marshal**  **MRCB Key Holder Information** | | | |
| Section A – Box Information | | | |
| Radio Box Number: | Type Box Number | | |
| Section B – Building Owner Information | | | |
| Name of Building/Site: | Type Name of Building/Site | | |
| Business Name: | Type Name | | |
| Business Address | Type Number and Street Name | | |
| Business Phone: | Direct Line to Receptionist or Someone In Charge | | |
| Day Time Primary Contact Phone: | Direct Line to Someone in Charge | | |
| Day Time Primary Contact Name: | Type Name of Contact | | |
| Hours of Operation: | Type Hours | | |
| Section C – Emergency Information:  *Emergency key holder information should include at least three people who are available to respond at any hour (including weekends, nights, holidays, etc.). Ideally a key holder should live within an area that generates a 10-15 minute response time. Please feel free to include multiple contact numbers.* | | | |
| Name: | Type Name | Primary Phone:  Alternate (If Applicable): | Type Phone  Type Phone |
| Name: | Type Name | Primary Phone:  Alternate (If Applicable): | Type Phone  Type Phone |
| Name: | Type Name | Primary Phone:  Alternate (If Applicable): | Type Phone  Type Phone |

This form is made available as a courtesy to your company. It is not the responsibility of the Burlington Fire Department to keep updated key holder information on file. These forms should be returned to:

Judy Dunn – Communication Supervisor

C/O Burlington Emergency Communications Center

1 North Avenue

Burlington, Vermont 05401

[JDunn@BPDVT.org](mailto:JDunn@BPDVT.org)

Please note that this form is being sent as a courtesy to your company. It is not the responsibility of the fire department to keep updated key holder information on file. These forms should be returned to:

Brandi J. Barbeau

C/O Burlington Fire Department Dispatch Center

1 North Avenue

Burlington, Vermont 05401