

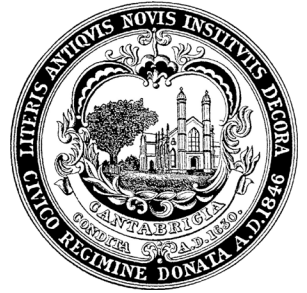


Cambridge Emergency Communications Department

125 Sixth Street, Cambridge MA 02142

Phone: (617) 349-6911 Fax: (617) 349-6918

www.cambridge911.org



Christina Giacobbe

Director of Emergency Communications and 911

Louis A. DePasquale

City Manager

Emergency Contact Information/RAVE Facility Worksheet City of Cambridge Emergency Communications

The Cambridge Emergency Communications Department receives all 911 calls and dispatches Police, Fire, and EMS to emergencies in the city. In the event of an emergency after business hours, we may need to quickly contact a business owner, manager, or other authorized person who can respond with keys to a property, reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in.

Please fill-in the information below, providing us with at least two contact names so that a notification can always be made. The contact information will be kept confidential in the Emergency Communications Center and only used for notification purposes by the Emergency Communications Department and/or Police or Fire personnel. Additionally, we use this information to create a Rave Facility profile for your business. Rave Facility is a secure database which allows us to view your business name and any other information that you choose to provide if a call were to originate from your business' address. This helps to protect everyone in the business, from employees to owners to customers.

BUSINESS NAME: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF BUSINESS: _____

WHAT DID YOU WANT TO BE WHEN YOU GREW UP? _____

(security question)

EMERGENCY CONTACTS:

1. Last Name: _____ First Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

2. Last Name: _____ First Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

3. Last Name: _____ First Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Person Completing Form: _____ Date: _____

Office Use Only: Date Entered: _____ By: _____

**MAIL OR FAX TO THE ABOVE LOCATION/FAX NUMBER
OR EMAIL ECADMINREQUESTS@CAMBRIDGE911.ORG**