



# 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 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.

BUSINESS NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

### 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: \_\_\_\_\_

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

**Office Use Only:** Date Entered: \_\_\_\_\_

By: \_\_\_\_\_