



**CITY AND COUNTY OF DENVER**  
**DEPARTMENT OF SAFETY**  
**FIRE • POLICE • SHERIFF**  
**9-1-1 • COMMUNITY CORRECTIONS**  
**CRIME PREVENTION & CONTROL • SAFE CITY**

Office of Fire Prevention  
Denver Fire Department  
745 W. Colfax Avenue  
Denver, CO 80204  
Phone: (720) 913-3474  
Fax: (720) 913-3596  
[www.denvergov.org/firedepartment](http://www.denvergov.org/firedepartment)

## Denver Fire Dept. Emergency Contact Information

(To be kept at the FACP or in the sprinkler control valve or fire pump room.)

Information on this form MUST be updated annually and a copy e-mailed to: [denfpb@denvergov.org](mailto:denfpb@denvergov.org)

**Responsible Party Contact Information:** \_\_\_\_\_ **Building Address:** \_\_\_\_\_

**\*Property Manager/HOA Representative Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**\*Assistant Property Manager Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**\*Building Engineer Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**\*Fire Alarm Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**After Hours Emergency Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**\*Fire Sprinkler Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**After Hours Emergency Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**\*Central Alarm Station/Supervising Station Name:** \_\_\_\_\_

**Runner Service Phone Number:** \_\_\_\_\_

**\*Day, month and year that the information above was provided:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_