



# CITY OF RIO VISTA FIRE DEPARTMENT

350 MAIN STREET  
RIO VISTA, CA 94571  
ADMINISTRATION (707) 374-2233 FAX (707) 374-6324



**Jack Ingraham**  
Fire Chief

**Geoff Spinner**  
Fire Marshal

**Ken Williams**  
Fire Captain

**Scott Bahrenfuss**  
Fire Captain

**Robert Bartley**  
Fire Captain

## FIRE DEPARTMENT EMERGENCY CONTACT INFORMATION

The following information is confidential and is used only by the Rio Vista Fire and Police Departments for notification in the event of an emergency at your place of business. This information is not required but is requested to help us contact you in the event of an emergency response. Please fill out and return this form to our office as soon as possible.

**BUSINESS ADDRESS:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **Phone#:** ( ) \_\_\_\_\_

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

**BUSINESS OWNER/MANAGER:** \_\_\_\_\_

After Hours Phone#: Primary ( ) \_\_\_\_\_ Secondary ( ) \_\_\_\_\_

**Primary Contact #1:** \_\_\_\_\_ Title: \_\_\_\_\_

After Hours Phone#: Primary ( ) \_\_\_\_\_ Secondary ( ) \_\_\_\_\_

**Secondary Contact #2:** \_\_\_\_\_ Title: \_\_\_\_\_

After Hours Phone#: Primary ( ) \_\_\_\_\_ Secondary ( ) \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

After Hours Phone#: Primary ( ) \_\_\_\_\_ Secondary ( ) \_\_\_\_\_

*IF ANY OF THE LISTED CONTACT INFORMATION CHANGES, PLEASE SEND A REVISED COPY OF THIS FORM TO THE RIO VISTA FIRE DEPARTMENT AT:*

*Rio Vista Fire Department  
350 Main Street  
Rio Vista, CA 94571*

Forms are available on the city website; [www.rio-vista-ca.com](http://www.rio-vista-ca.com)

I certify that the above statement(s) are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Position/Title