

Wayland Fire Department – Building Contact Form

Are you a? Building Tenant _____ Building Owner _____

Street Address: _____ Unit #: _____

Business Name: _____

Phone: _____

Fax: _____

Email: _____

Mailing address (if different): _____

Primary - 24 Hour Key Holder

Name _____

Primary Contact # _____

Secondary Contact # _____

Secondary - 24 Hour Key Holder #1

Name _____

Primary Contact # _____

Secondary Contact # _____

Secondary - 24 Hour Key Holder #2

Name _____

Primary Contact # _____

Secondary Contact # _____

Secondary - 24 Hour Key Holder #3

Name _____

Primary Contact # _____

Secondary Contact # _____

Please return this form to the Wayland Fire Department when completed. E-mail to nmcperson@wayland.ma.us or fax: (508)358-6920.

If you have questions please contact the Wayland Fire department at (508) 358-6914 or nmcperson@wayland.ma.us

Thank you for your cooperation