**2019 Property Registration Form**

*Upon completion, please submit this form to* *DEM@miamibeachfl.gov**.*

**Property Details**

Property Name:

Property Address:

City: State: Zip Code:

Main Phone: Fax:

Number of Rooms: Max Occupancy:

Square Footage: Number of Employees:

**Management Company Details (if applicable)**

Management Company Name:

Management Company Address:

City: State: Zip Code:

Contact Name:

Contact Number:

E-mail:

**Primary Point of Contact (POC) Information**

24Hour Contact number:

Name:

Title:

Office: Cell: Cell Carrier:

E-mail:

**Emergency Response Team Leader Contact Information**

Name:

Title:

Office: Cell: Cell Carrier:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Preparedness Information**

Emergency Plans Already In Place (ex. COOP):

Any agreements in place with other properties to send your occupants to during an emergency event? Y / N

If yes, name of partner property(ies):

Name of Contact: Phone:

Email: Cell:

VALID THROUGH JUNE 30, 2020