



**ONEIDA COUNTY
DEPARTMENT OF EMERGENCY SERVICES
FIRE COORDINATOR
911 CENTER**

120 Base Road ♦ Oriskany, New York 13424
Phone: (315) 765-2526 ♦ Fax: (315) 765-2529

ANTHONY J. PICENTE, JR.
County Executive

FRANCIS MANFREDO
Director

To: All Oneida County Fire Chiefs

From: Francis Manfredo, Oneida County Fire Coordinator

Date: January 5, 2026

Re: Site Information

Attached you will find a copy of the Site Information form used by Oneida County 911 to collect information from businesses and other buildings within the county. Fire departments can use this form to collect information for both the fire department records and the database at the 911 Center. Any information gathered will be stored by the 911 Center to assist the fire departments when responding to the addresses.

The form is self-explanatory. When it is completed, please return to the 911 center via email, fax, in person, U.S. mail, or through your deputy fire coordinator.

If you have any questions, please contact me.

Thank you for your assistance.

Oneida County Emergency Communications Center
SITE INFORMATION FORM

SITE CONTACT INFORMATION

Location Name:

Phone: _____ Fax: _____ Website: _____

Physical Street Address:

City: _____ State: _____ ZIP Code: _____

Owner Name:

Owner Phone: _____ Owner Fax: _____

SITE ACCESS INFORMATION

Building Use: *SPECIAL RESIDENTIAL* *COMMERCIAL* *INDUSTRIAL* *OTHER*

Main Access: _____ # of entrances: _____ # of stories: _____

Roof Access: _____ Basement Access: _____

Knox Box Location: _____ Alarm Panel Location: _____

Alarm Company Name:

Alarm Company Phone: _____ Annunciator Panel Location: _____

Utility Type	Shut off Location
Electricity	
Gas	
Water	
Sprinklers	

SITE KEYHOLDER INFORMATION

Keyholder #1 Name:

Phone: _____ Cell: _____

Keyholder #2 Name:

Phone: _____ Cell: _____

Keyholder #3 Name:

Phone: _____ Cell: _____

Keyholder #4 Name:

Phone: _____ Cell: _____

AUTHORIZATION

Fire Department Name: _____ County Dept #: _____

Fire Chief Signature: _____ Date: _____

911 Director/Designee Signature: _____ Date: _____

911 CENTER USE ONLY

Date Entered In CAD: _____ Expiration Date: _____

Entered By: _____

Special Notes:
