

MUNICIPAL EMERGENCY VENDOR REGISTRATION

1. Basic Company Information**1.1 Hotel / Accommodation Name**
_____**1.2 Hotel / Accommodation Complete Street Address**
_____**1.3 Front Desk / Reception Contact Telephone Number:**
_____**1.4 Hours of Operation for Front Desk / Reception:**

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Statutory Holidays: _____

1.5 Contact for Billing Office:

Telephone: _____

Email: _____
_____**1.6 Number of Available Rooms / Capacity:**

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1.7 Available Guest Services:

- Free WIFI
 - Complimentary Breakfast (Hours: _____)
 - Laundry Services (Surcharge)
 - Recreational Facilities (Type: _____)
 - Free Parking
 - Other (Describe below):
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1.8 Types of Rooms Available (Click all that apply):

- Room with Double Sized Bed with private washroom
- Room with Queen Sized Bed with private washroom
- Room with King Sized Bed with private washroom
- Conference / Meeting Rooms (Capacity: _____)
- Other: _____

2. Demonstrated Ability to Respond to Emergency Requests for Goods / Service

2.1 Dedicated Account Representative:

Regular Business Hours: _____

After Regular Business Hours: _____

2.2 Dedicated Account Representative Contact Telephone Number:

Regular Business Hours: _____

After Regular Business Hours: _____

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2.3 Communication Methods:

- Telephone
- Email _____
- Other: _____

2.4 Estimated Response Times (Standard Hours of Operation):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

2.5 Estimated Response Times (Outside of Standard Hours of Operation):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____