IN CASE OF EMERGENCY

YOU ARE AT: Farm Name: Phone: Legal Land Location: County/Twp.: 911 Number_____ Directions to this location Alternative Contact: Phone: **EMERGENCY TELEPHONE NUMBERS** POISON CONTROL: 1-800-268-9017 **SPILLS Ontario Spills Action Centre** 1-800-268-6060 (24 HOUR BASIS) **FIRE / EMERGENCY HOSPITAL AMBULANCE POLICE FAMILY DOCTOR LOCAL MUNICIPAL OFFICE NATURAL GAS COMPANY LOCAL MUNICIPAL OFFICE POWER COMPANY**

IN CASE OF EMERGENCY YOU ARE AT: Farm Name: ______ Phone: _____ Legal Land Location: 911 Number: County/Twp.: Directions to this location Alternative Contact: Phone: IN CASE OF EMERGENCY YOU ARE AT: Farm Name: _____ Phone: _____ Legal Land Location: _____ County/Twp.: 911 Number: Directions to this location Phone: Alternative Contact: }______ IN CASE OF EMERGENCY YOU ARE AT: Farm Name: _____ Phone: ____ Legal Land Location: County/Twp.: _____ 911 Number: ____ Directions to this location

Phone:

Alternative Contact: