



## BUSINESS EMERGENCY INFORMATION

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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_

Primary Emergency Phone Number: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Secondary Emergency Phone Number: \_\_\_\_\_

Alarm Company and Contact Number: \_\_\_\_\_

Business Days/Hours: \_\_\_\_\_

List any additional information for Police (vehicles that should be on premises at night, request to ticket vehicles on property at night, hazardous materials on premises, etc)

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Person submitting form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_