



BUSINESS EMERGENCY INFORMATION FORM

PLEASE COMPLETE ALL LINES

BUSINESS NAME _____

BUSINESS FAX # () _____

BUSINESS PHONE # () _____

SIGN OR POSTED BUSINESS NAME _____

BUSINESS ADDRESS _____ BLDG#, STE#, LOT#, OR ROOM# _____

CITY _____ CROSS ROAD or NEAREST SIDE STREET _____

If located in a mall or plaza, NAME _____

Is there an after hours exterior access door or security person to contact? _____

BUSINESS OWNER _____ HOME PHONE # () _____

Should the owner be called first in case of an emergency? YES NO

LIST A MINIMUM OF THREE PERSONS (BESIDES OWNER) THAT WOULD RESPOND TO THE BUSINESS IN CASE OF AN EMERGENCY, WITH KEY ACCESS. LIST THE CLOSEST FIRST

<u>NAME</u>	<u>CITY</u>	<u>24-HOUR CONTACT #</u>
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

Is there an alarm in the building? YES NO
If YES, What Type? BUILDING HOLDUP FIRE SILENT AUDIBLE
Check all that apply

ALARM COMPANY NAME _____ PHONE # () _____

Please list any hazardous materials in the building and their locations. List any other information that would be helpful to responding officers, (ie. Watch dog, electric fence, security guard on duty, etc) _____

Signature of person filling out this form _____ Date _____

**PLEASE RETURN TO: WALLED LAKE POLICE DEPARTMENT COMMUNICATIONS
FAX # (248) 669-6435 or (248) 960-8898**