Date_____

BUSINESS EMERGENCY CONTACT FORM

This form is for the Osage Police Department and Mitchell County Communications Center in case of an emergency such as an alarm, open door(s) after business hours or fire. Please fill in all information as complete as possible.

Business Name_____ Address_____
Business Phone_____ Business Hours_____

CONTACT INFORMATION

Contact #1

Name_____ Address_____
Primary Contact Phone_____ (Circle One) Home Cell Other_____
Alternate Contact Phone_____ (Circle One) Home Cell Other_____
Email_____

Contact #2

Name_____ Address_____
Primary Contact Phone_____ (Circle One) Home Cell Other_____
Alternate Contact Phone_____ (Circle One) Home Cell Other_____
Email_____

Contact #3

Name_____ Address_____
Primary Contact Phone_____ (Circle One) Home Cell Other_____
Alternate Contact Phone_____ (Circle One) Home Cell Other_____
Email_____

ALARM COMPANY INFORMATION

Alarm Company Name_____ Contact Name if any_____
Alarm Company Phone Number_____ Type of Alarm_____

HAZARDOUS MATERIALS AND/OR ADDITIONAL INFORMATION

Please provide any information on Hazardous Materials stored at your business location an exact location where they are stored on site. You may also include any other information you believe would be helpful to the police or other emergency personnel.