COMMERCIAL
EMERGENCY CONTACT FORM

THE FOLLOWING INFORMATION IS REQUIRED IN CASE OF A FIRE OR POLICE EMERGENCY AT YOUR PLACE OF BUSINESS. THIS INFORMATION WILL BE FORWARDED DIRECTLY TO THE POLICE DEPARTMENT. .

PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE, WRITE N/A. FAILURE TO PROVIDE THE REQUIRED INFORMATION WILL RESULT IN DENIAL OF YOUR BUSINESS LICENSE AND/OR YOU WILL BE CONTACTED BY A REPRESENTATIVE OF THE POLICE OR FIRE DEPARTMENT(S).

BUSINESS INFORMATION	
NAME OF BUSINESS:	BUSINESS ADDRESS: BUSINESS PHONE:
BUSINESS OWNER INFORMATION	EMERGENCY CONTACT NUMBER ONE:
NAME & PHONE: Home: Cell: Work:	NAME & PHONE: Home: Cell: Work:
EMERGENCY CONTACT NUMBER TWO	EMERGENCY CONTACT NUMBER THREE:
NAME & PHONE: Home: Cell: Work:	NAME & PHONE: Home: Cell: Work:
PROPERTY OWNER INFORMATION	ALARM INFORMATION
NAME, ADDRESS & PHONE NUMBER OF PROPERTY OWNER:	DO YOU HAVE A COMMERCIAL ALARM SYSTEM? ____ YES ____ NO NAME & PHONE NUMBER OF ALARM COMPANY:
SPRINKLER SYSTEM INFORMATION	CORPORATE SECURITY INFORMATION (if applicable)
DO YOU HAVE A COMMERCIAL FIRE SPRINKLER SYSTEM? Sprinkler systems of 6 or more heads are subject to inspection by the Fire Dept & $100 fee. ____ 6 or more heads ____ less than 6 heads ____ none	NAME & PHONE OF CORPORATE SECURITY:
HAZARDOUS MATERIALS INFORMATION	
DO YOU USE/STORE FLAMMABLE, COMBUSTIBLE OR HAZARDOUS MATERIALS AT THIS LOCATION? ____ YES ____ NO If yes, please list materials (use separate sheet if necessary) and contact the Fire Department at 618-346-5022 for additional requirements.	