FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: _____

Business Address (Fayetteville): _____

_____

Prior Business Name **(if applicable)** _____

Prior Address of Business in Fayette County **(if applicable)**: _____

_____

Business Phone Number _____

Business Owner(s) Name: _____

Business Owner(s) Home Phone Number: _____
(Emergency use only)

Building Owner Name: _____

Building Owner Phone Number: _____

Additional Emergency Contact: (Someone who can gain access to the business after normal business hours in the event of Fire, Burglar Alarm, or Other Emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____