BUSINESS EMERGENCY CONTACT FORM

Name of Business

Business Street Address Suite/Apt# City State Zip Code

Name of Business Owner (Company and/or Individual- Please print)

Business Phone Emergency Phone Cell Phone E-mail

Alarm System: YES or NO Alarm Company: _____

Hazardous or flammable materials stored on site? YES or NO If yes, please list: _____

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (list in the order to be called):

First Contact

Address Suite/Apt# City State Zip Code

Business Phone Emergency Phone Cell Phone E-mail

Second Contact

Address Suite/Apt# City State Zip Code

Business Phone Emergency Phone Cell Phone E-mail

PLEASE UPDATE THIS FORM WITH THE BELDING POLICE DEPARTMENT AS YOUR INFORMATION OR CONTACTS CHANGE 616-794-1900 EXT. 200 OR jmcninch@ci.belding.mi.us