



# DUVALL POLICE DEPARTMENT

## BUSINESS EMERGENCY CONTACT INFORMATION

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Complex Name (If Applicable) \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Alarm Company (If Applicable): \_\_\_\_\_

Alarm Company Phone Number: \_\_\_\_\_

Type of Alarm:      Burglary                      Fire                      Panic / Hold-up  
   Silent                                      Audible

Alarm Coverage (If Known): \_\_\_\_\_

Hazard Information: \_\_\_\_\_

## PEOPLE TO BE CONTACTED AFTER HOURS FOR EMERGENCIES OR ACCESS TO BUSINESS:

1.      Name: \_\_\_\_\_ Title: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Key Holder?    **Yes** \_\_\_ **No** \_\_\_

2.      Name: \_\_\_\_\_ Title: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Key Holder?    **Yes** \_\_\_ **No** \_\_\_

3.      Name: \_\_\_\_\_ Title: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Key Holder?    **Yes** \_\_\_ **No** \_\_\_