



### EMERGENCY RESPONSE INFORMATION FORM

<b>Business Name</b> _____	<b>• OFFICIAL USE ONLY •</b> BUSINESS TAX NO. _____ ACCOUNT NO. _____ EXPIRATION DATE _____ DATE SUBMITTED _____ BY: _____
<b>Business Address</b> _____ (Not P.O. Box)	
City _____ State _____ Zip _____	
<b>Mailing Address</b> _____ (If Different)	
City _____ State _____ Zip _____	Business Phone ( ) _____
	Business Fax ( ) _____
<b>Previous Business Name</b> (if changed since last update): _____	

**LIST CONTACTS WITH KEYS TO THE BUSINESS:** (only if the 1st choice cannot be reached will we notify the 2nd or 3rd)

<b>1st Choice</b>	Name _____ Title _____
	Address _____
	City _____ State _____ Zip _____
	Phone ( ) _____ Cell Phone ( ) _____ Pager ( ) _____
<b>2nd Choice</b>	Name _____ Title _____
	Address _____
	City _____ State _____ Zip _____
	Phone ( ) _____ Cell Phone ( ) _____ Pager ( ) _____
<b>3rd Choice</b>	Name _____ Title _____
	Address _____
	City _____ State _____ Zip _____
	Phone ( ) _____ Cell Phone ( ) _____ Pager ( ) _____

**ALARM SYSTEM:**

Does your business have an alarm system?  Yes  No

TYPE OF ALARM  Burglary  Hold-Up  Audible  Silent  Motion Detector

Name of Alarm Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ License No. \_\_\_\_\_

List any information which could be helpful to responding units (i.e. guard dogs, on site security, gates codes...)

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