

In an effort to provide the best possible service to the business community, **Crawford County 911** is asking all businesses to please complete the form below. The information provided will help to insure that we will be able to contact someone from your business in an efficient manner in the event of an emergency. Forms can be faxed to the number: **(814) 724-2563**.

- **Please contact us in the event that any of your emergency contact information changes or if the keys to your building are changed.**

## Business Contact Information

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Business Type: \_\_\_\_\_

Chemical or Other Hazards: \_\_\_\_\_

## Emergency Contact Information

Please list the following after hours emergency (keyholder) contact people *in priority*:

1. Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Alarm Company Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Entered DataBase: \_\_\_\_\_