



Business After-Hours Emergency Contact Form

Clallam County Public Safety Agencies



Business Name: _____ _____	Type of Business: _____ _____	Business Phone Numbers: _____ _____
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Physical Address: _____ _____	Mailing Address (if different): _____ _____
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Directions, if applicable (include any gate code, etc., for law enforcement entry use):

After hours contacts with keys for building (in the order they should be called):

Name:	Position:	Home Phone:	Cell/Pager:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Building Owner (if different than business owner):

Name: _____	Phone Number(s): _____
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Hazard Information (hazardous materials storage, guard dogs, etc.):

Type:	Location in Business:
1) _____	_____
2) _____	_____
3) _____	_____

Alarm System? Yes No If "Yes", please complete the following:

Type of Alarm? (audible, silent, fire, burglar, panic, other):

Alarm Monitoring Company Name:

Alarm Monitoring Company Phone:

Form Completed By:

Date:
