

COUNTY OF OAKLAND
OFFICE OF THE SHERIFF

MICHAEL J. BOUCHARD



BUSINESS EMERGENCY INFORMATION FORM

PLEASE COMPLETE ALL LINES

BUSINESS FAX NUMBER: () _____

BUSINESS NAME: _____ BUSINESS PHONE NUMBER: () _____

SIGN OR POSTED BUSINESS NAME: _____

BUSINESS ADDRESS: _____ BLDG#, SUITE#, LOT#, OR ROOM# _____

CITY / TWP: _____ ZIP: _____

CROSS ROAD or NEAREST SIDE STREET: _____

If located in a mall or plaza, NAME: _____

Is there an after hours exterior access door or security person to contact? _____

BUSINESS OWNER: _____ HOME PHONE NUMBER: () _____

Should the owner be called first in case of emergency? YES _____ NO _____

LIST A MINIMUM OF THREE PERSONS (besides owner) THAT WOULD RESPOND TO THE BUSINESS IN CASE OF EMERGENCY, WITH KEY ACCESS. LIST THE CLOSEST FIRST:

<u>NAME</u>	<u>CITY</u>	<u>24 HOUR CONTACT HOME OR CELL NUMBER</u>
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

Is there an alarm in the building? YES _____ NO _____

If YES, what type? Building _____ Holdup _____ Fire _____ Silent _____ Audible _____ (Check all that apply)

Alarm Company Name: _____ Phone Number: () _____

Please list any hazardous materials in the building and their locations: List any other information that would be helpful to responding officers, (i.e. watch dog, electric fence, security guard on duty, etc): _____

Signature of person filling out this form: _____ Date : _____

**Please return to: Oakland County Sheriff's Office
Attn: Communications
Fax Number: (248) 452-2102**

1201 N TELEGRAPH RD H PONTIAC MI 48341-1044 H 248/858-5008