

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**

**1200 N. Telegraph Road Bldg. 38E Pontiac, Michigan 48341-1044 (248)858-4950**