

EMERGENCY CONTACT FORM

As a service to you and as a requirement for the Occupational License, please fill out this questionnaire for the Grain Valley Police Department's Emergency Notification File. This will enable the Police Department to notify you when /if there is an emergency, alarms are activated, water or power problems occur, or when open doors and windows are found. This information is VERY important for the Police Department and your cooperation is appreciated.

BUSINESS INFORMATION

Business Name:	
Business Address:	
Business Phone:	
Business Owner's Name:	
Business Owner's Address:	
Business Owner's Home Phone:	
Business Owner's Mobile Number:	
Alarm Company Name:	Phone:
Are there any hazardous chemicals on / in this pro	perty? (If "yes" please list chemicals below)
Are there any explosives, including ammunition, or	n this property? Yes No
SECONDARY PERSONS TO BE NOTIFIED (IF YOU ARE UNABLE TO BE CONTACTED)	
#1 Name:	Phone:
#2 Name:	Phone:
#3 Name:	Phone: