EMERGENCY CONTACT FORM
COMMERCIAL/BUSINESS

NOTE TO OWNER/MANAGER

The following information is needed to maintain our records, in the event that an emergency contact is to be made after regular business hours. The information will be kept confidential, and used only in emergency situations. Please notify the Lake St. Louis Police Department Dispatch Division as soon as possible of any changes to the below information.

NAME OF BUSINESS:_____ PHONE:_____

ADDRESS:_____ CITY:_____

STATE: MO ZIP:_____

TYPE OF BUSINESS:_____

USUAL HOURS OF OPERATION:_____/_____/_____/_____
(Mon-Thurs) (Fri) (Sat) (Sun)

TYPE OF ALARM: NO ALARM:_____ BURGLARY:_____ HOLD UP:_____
CHECK ALL THAT APPLY FIRE:_____ OTHER:_____

NAME OF ALARM COMPANY:_____ PHONE:_____

OWNERS INFORMATION

NAME OF OWNER:_____ PHONE:_____

ADDRESS:_____ CITY:_____ STATE:____ ZIP:_____

PAGER:_____ MOBIL PHONE:_____

EMERGENCY CONTACTS W/KEYS TO BUSINESS
(IN ORDER THAT WILL BE CONTACTED)

1. NAME OF CONTACT:_____ PHONE:_____

ADDRESS:_____ CITY:_____ STATE:____ZIP:_____

PAGER:_____ MOBIL PHONE:_____

2. NAME OF CONTACT:_____PHONE:_____

ADDRESS:_____CITY_____STATE:_____ZIP_____

ADDITIONAL INFORMATION:_____