

HOKE COUNTY EMERGENCY COMMUNICATIONS

BUSINESS INFORMATION SHEET

THIS INFORMATION WILL NOT BE RELEASED EXCEPT TO AUTHORIZED PUBLIC SAFETY PERSONNEL ON A NEED-TO-KNOW BASIS

Name Of Business: _____

Address: _____

Phone Number: _____ Fax Number: _____

Hours Of Operation: _____

Owners Name: _____ Phone Number: _____

Do you have an alarm system? _____ Is it monitored by an alarm service? _____

Alarm Company Name: _____

Alarm Company Phone Number: _____

Power Company: _____ Meter Number: _____

Phone Company: _____ Water Company: _____

Gas Company: _____ Gas Meter Number (if Natural Gas): _____

Is there an after hours cleaning crew who may be inside the business at night? _____

Are there any chemicals stored or used at this address? _____ (list them on back)

Are there any special needs or medical issues at this address? _____ (list them on back)

EMERGENCY CONTACT INFORMATION: (NAME AND PHONE NUMBERS OF KEY HOLDERS)

1. NAME: _____ PHONE NUMBER: _____

PAGER NUMBER: _____ CELL PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

PAGER NUMBER: _____ CELL PHONE NUMBER: _____

3. NAME : _____ PHONE NUMBER: _____

PAGER NUMBER: _____ CELL PHONE NUMBER: _____

COMMUNICATIONS USE ONLY

DATE Recd.: _____ DATE ENTERED: _____ ENTERED BY: _____

ESN: _____ IRA: _____

REV: 01-16-2005

THIS INFORMATION IS RESTRICTED MATERIAL ; NOT FOR PUBLIC USE
ANY QUESTIONS, CONTACT THE DIRECTOR OF EMERGENCY COMMUNICATIONS AT 875-2135
BOLD ITEMS ARE REQUIRED INFORMATION