

Spring Lake Police Department Business Emergency Information

DATE _____ SITE # _____ (POLICE USE ONLY)

NAME OF BUSINESS: _____

BUSINESS PHONE: _____

ADDRESS: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CO-OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

PLEASE GIVE LOCATION OF FOLLOWING:

- ALARM TYPE, COMPANY & PHONE _____
- SECURITY CAMERA(S) & LOCATIONS: _____

- MAIN ELECTRIC SWITCH _____
- REFRIGERATOR OR AMMONIA TANK VALVES _____
- GAS VALVE & WATER SHUTOFF _____
- FIRE EXTINGUISHERS _____