Spring Lake Police Department Business Emergency Information

DATE	SITE #	(POLICE USE ONLY)
NAME OF	BUSINESS:	
BUSINE	ESS PHONE:	
ADDRESS	- Continue of the last	THE PARTY OF THE P
OWNER'S NAME:		PHONE:
ADDRESS:		IN TO B
CO-OWNER'S NAM	ME:	PHONE:
ADDRESS:		
<u>IN C</u>	CASE OF EMERGENCY	NOTIFY THE FOLLOWING:
VS001.11 (00 1954	WINDS TO BE STORY OF THE STORY	PHONE:
ADDRESS		
NAME:		PHONE:
ADDRESS	CALL	
	PLEASE GIVE LOCAT	TION OF FOLLOWING:
• ALARM TYP	E, COMPANY & PHON	NE
• SECURITY	CAMERA(S) & LOCA	TIONS:
• MAIN ELECT	TRIC SWITCH	
• REFRIGERA	TOR OR AMMONIA T.	ANK VALVES
• GAS VALVE	& WATER SHUTOFF_	
• FIRE EXTING	GUISHERS	