



**Ottawa County Central Dispatch Authority**

West Olive, MI 49460

Phone: (616)994-7800 Fax: (616)994-7801

**BUSINESS EMERGENCY NOTIFICATION FORM**

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ After hours Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Alarm Company Phone# \_\_\_\_\_

Business Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Key or Lock / Knox Box Location (If applicable): \_\_\_\_\_

Please list at least **three** people with your company who are in **possession of a key**, and are **able to respond** to the business in an emergency situation:

<u>Name</u>	<u>Home Phone</u>	<u>Cell phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Remarks (list any additional information or hazards to police or fire personnel):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please FAX TO: Dave Fontaine at (616)994-7801**