

EMERGENCY CONTACT INFORMATION

Business Name: _____

Address: _____

Phone: _____

Burglar Alarm? Yes / No If yes, which company: _____

Fire Alarm? Yes / No If yes, which company: _____

Owner/Proprietor Name: _____

Address: _____

Phone: _____

Additional persons who can be contacted if owner/proprietor is not available in emergency situations. Please list in the order you wish them to be contacted.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

**Please print or type all information, and return this form to the Tryon Police Department. All information will be kept confidential. If there is any additional information you feel might be of assistance, please print/type this on the reverse of this sheet. Thank you.