



Business After-Hours Emergency Contact Form Clallam County Public Safety Agencies

Business Name: _____ _____	Type of business: _____ _____	Business phone numbers: _____ _____	
Physical address: _____ _____	Mailing Address (if different): _____ _____		
Directions, if applicable (include any gate code, etc., for law enforcement entry use): _____ _____			
After hours contacts with keys for building (in the order they should be called):			
Name:	Position:	Home phone:	Cell/pager:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Building owner (if different than business owner):			
Name: _____		Phone number(s): _____	
Hazard information (hazardous materials storage, guard dogs, etc.):			
Type:		Location in business:	
1) _____	_____		
2) _____	_____		
3) _____	_____		
Alarm system? (Yes (No If "yes", please complete the following:			
Type of alarm? (audible, silent, fire, burglar, panic, other) _____			
Alarm monitoring company name: _____		Phone: _____	
Form completed By: _____			Date: _____
			Data entry/ _____