



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

Submit via Email

Clear All Fields