FESTUS POLICE DEPARTMENT 636-937-3646

Fax# 636-937-8086

E-Mail: dispatch@cityoffestus.org

CONFIDENTIAL EMERGENCY CONTACT INFORMATION

| BUSINESS NAME:_ | |
|--|---|
| ADDRESS: | |
| | Fax Number: |
| OWNER NAME: | PHONE: |
| | Alarm Company Information: |
| Name: | Phone: |
| Type of Alarms- (Circle | all that apply): BURGLAR FIRE Other: |
| <u>AF</u> | TER HOURS/EMERGENCY CONTACTS/KEYHOLDERS: |
| 1. Name: | Phone: |
| KEYHOLDER: YES | NO (Please Circle Yes or No) |
| 2. Name: | Phone: |
| KEYHOLDER: YES | NO (Please Circle Yes or No) |
| NOTE: If there are any is located; if you need m | Flammable/Explosive materials in the building please list what it is and where it have space please attach another sheet of paper with the information requested: |
| | ors or windows are found open you are giving consent to the Festus Police building for criminal activity* |
| Signature: | Date: |

Please help us to keep your business information current by contacting us via phone, fax, or e-mail of any changes, additions to, location changes, or closure of your business. Thus allowing us to maintain accurate and current information regarding your business. Thus allowing us to not make unnecessary calls to the wrong numbers or people as well as the ability to respond quickly and appropriately for the situation.