

FESTUS POLICE DEPARTMENT
636-937-3646
Fax# 636-937-8086
E-Mail: dispatch@cityoffestus.org

CONFIDENTIAL EMERGENCY CONTACT INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

Business Number: _____ **Fax Number:** _____

OWNER NAME: _____ **PHONE:** _____

Alarm Company Information:

Name: _____ **Phone:** _____

Type of Alarms- (Circle all that apply): BURGLAR FIRE **Other:** _____

AFTER 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 Flammable/Explosive materials in the building please list what it is and where it is located; if you need more space please attach another sheet of paper with the information requested:

*Please Note: * If any doors or windows are found open you are giving consent to the Festus Police Department to search the 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.