POLICE / FIRE / QUADCOM EMERGENCY INFORMATION



A list of personnel to contact in case of an emergency after your regular closing time is required. The information you supply is for Fire Department and Police Department use only and will be held in the strictest confidence. Please fill out the following information and keep a copy for your records. Copies of this information will be maintained at the police station as well as QuadCom Dispatch Center.

Business Name:			
Business Address:			
Please list the <u>NA</u> keys to the buildin		a code) of at least three persons having tions.	
NAM	IE OWNER/MANAGER	PHONE NUMBER	
1^{st}			
Ond			
3rd			
Normal Business	s Hours:		
Monday – Friday: Saturday &		rday & Sunday:	
Property Owner	<u>Information</u>		
Name:		Phone:	
Address:		Suite:	
City:	State	Zip	
Dundee Fire Depar	rgency information for your business rtment at 847-551-3805, between the holation may be given to QuadCom at (847		
DATE	SIGNATURE OF OWNER OR MANAGER IS REQUIRED	PRINT NAME AND TITLE:	
	FOR OFFICE USE ON	LY	
Card:	Alarm:	CAD:	
Date:			
Onw	Onw	One	