

CITY OF VERSAILLES
BUSINESS EMERGENCY NOTIFICATION INFORMATION
(PLEASE PRINT LEGIBLY)

DATE _____

BUSINESS NAME: _____

BUSINESS TELEPHONE: _____

BUSINESS OWNER: _____ PHONE _____

BUILDING OWNER: _____ PHONE _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION TO MAJOR INTERSECTION: _____

ALARM(Y/N) _____ ALARM COMPANY: _____ PHONE _____

DOES YOUR BUSINESS HAVE SECURITY CAMERAS: INTERIOR(Y/N) _____ EXTERIOR(Y/N) _____

EMERGENCY NOTIFICATIONS

1. NAME: _____ PHONE _____
PHYSICAL ADDRESS: _____

2. NAME: _____ PHONE _____
PHYSICAL ADDRESS: _____

3. NAME: _____ PHONE _____
PHYSICAL ADDRESS: _____