**BUSINESS EMERGENCY INFORMATION SHEET**

Shopping Center Name:

Business Name:

Address:

Phone Number: ( )

Business Hours:

**EMERGENCY CONTACT INFORMATION:**

|  | **NAME** | **ADDRESS** | **PHONE NUMBER** |
| --- | --- | --- | --- |
| 1) |   |   |   |
| 2) |   |   |   |
| 3) |   |   |   |
| 4) |   |   |   |
| 5) |   |   |   |

**ALARM INFORMATION**

Alarm Company Name: Phone Number: ( )

Address:

Is alarm audible? [ ]  Yes [ ]  No Does alarm reset automatically? [ ]  Yes [ ]  No

**OTHER INFORMATION**

Cleaning Company Name:

Address:

Phone Number: ( )

Are weapons kept on premises? [ ]  Yes [ ]  No

Is there a safe on premises? [ ]  Yes [ ]  No

Are night lights used? [ ]  Yes [ ]  No

|  |
| --- |
| Comments:  |

Date Contacted: Completed By: