

CRAIG BUSINESS EMERGENCY CONTACT INFORMATION

Craig Police Department

Please fill out this form with your business name, address, phone number and any person's information that you want to be contacted in case of an emergency. This information will also be provided to the CSP Dispatch Center.

Business Name:

Address: _____ Phone No. _____

Owner / Manager: _____

Home Phone: _____ Work Phone: _____

Pager / Cell Phone: _____

Do you have an alarm system? _____ Yes _____ No

If so, what type and who is the monitoring company?

1st Contact Person: _____

Home Phone: _____ Work Phone: _____

2nd Contact Person: _____

Home Phone: _____ Work Phone: _____

3rd Contact Person: _____

Home Phone: _____ Work Phone: _____

Please include other information that you would like the Police Department or CSP Dispatch to know when contacting you for your business or alarm.