



Grand Haven Department of Public Safety

525 Washington Ave., Grand Haven, MI 49417
Phone: (616) 842-3460 Fax: (616) 847-6050



BUSINESS EMERGENCY NOTIFICATION FORM

Business Name: _____

Address: _____ City: _____ Zip Code: _____

Business Phone #: _____ After hours Business Phone #: _____ Fax #: _____

Alarm Company: _____ Alarm Company Phone# _____

Business Owner: _____ Address: _____ Phone: _____

Key or Lock / Knox Box Location (If applicable): _____

Do you have an AED on site? Yes No If yes, please list the AED location in the remarks below.

Please list at least **three** people with your company who are in **possession of a key**, and are **able to respond** to the business in an emergency situation:

<u>Name</u>	<u>Home Phone</u>	<u>Cell phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Remarks: (please describe your business and any additional information or hazards to police or fire personnel)

Please return this form to Fire Marshal James Kibart by mail, fax, email, or hand deliver to GHDP.