TOWN OF SUTTON
BUSINESS EMERGENCY CONTACT INFORMATION

BUSINESS INFORMATION
BUSINESS NAME: ____________________________________________________________
BUSINESS ADDRESS: _________________________________________________________
________________________________________
BUSINESS PHONE #: ____________________ BUSINESS FAX #: ____________________
BUSINESS HOURS OF OPERATION (OPEN TO THE PUBLIC):
________________________________________
ARE THERE EMPLOYEES ON SITE AFTER BUSINESS HOURS (YES OR NO):
________________________________________
IS THERE AN ALARM USED FOR THE PROPERTY (YES OR NO): ____________________

ALARM COMPANY INFORMATION
ALARM COMPANY: ____________________________________________________________
ALARM COMPANY PHONE #: _________________________________________________

PERSONAL CONTACT INFORMATION FOR THE BUSINESS
BUSINESS OWNER’S NAME: ______________________________________________________
BUSINESS CONTACT PERSON’S NAME: ___________________________________________
CONTACT PERSON’S JOB TITLE: _________________________________________________
CONTACT PERSON’S HOME PHONE #: ___________________________________________
CONTACT PERSON’S CELL PHONE #: ____________________________________________

ADDITIONAL CONTACT INFORMATION (IF NECESSARY)
CONTACT PERSON’S JOB TITLE: _________________________________________________
CONTACT PERSON’S HOME PHONE #: ___________________________________________
CONTACT PERSON’S CELL PHONE #: ____________________________________________

HAZARDOUS MATERIALS ON SITE (YES OR NO)? IF YES, WHAT? ____________________
________________________________________