



**SOUTHFIELD POLICE DEPARTMENT
 ATTN.: 911 EMERGENCY COMMUNICATIONS CENTER
 26000 Evergreen Road
 P.O. Box 2055
 Southfield, Michigan 48037-2055**

BUSINESS NAME: _____ PHONE: _____

ADDRESS: _____ SUITE # _____

BUSINESS HOURS: _____ FAX # _____

OWNER: _____ PHONE: _____

ADDRESS: _____

ALARM CO. & PHONE: _____

FIRE SPRINKLERS (yes/no) _____ Fire Alarm System (yes/no) _____

COMMERCIAL KITCHEN (yes/no) _____ # OF STORIES IN BLDG. _____

KNOX BOX (yes/no) _____ IF YES, LOCATION? _____

PRIMARY USE OF SPACE: _____

(example: business, manufacturing, residential, storage, public assembly, education, institutional)

Person to notify in case of emergency (Name, Address, Phone)

1. _____
2. _____
3. _____
4. _____

This information will be strictly confidential and only used for emergencies at your business location.

My signature below indicates I understand the above and authorize the Southfield Police Department to add the information that I have provided to their computer files for use in the event of an emergency.

Signature: _____ Date: _____