

BUSINESS INFORMATION

CITY OF SOUTHFIELD

Civilian Operations, 9-1-1 Emergency Communications Division

26000 Evergreen Road

P.O. Box 2055

Southfield, Michigan 48037-2055

Business Name: _____

Phone #: _____

Address: _____ Suite #: _____

Fax #: _____

Business Hours: _____

Business Owner: _____ Phone #: _____

Address: _____ City/State: _____

Alarm Company Name: _____

Phone # _____

Fire Sprinklers (yes/no): _____ Fire Alarm System (yes/no): _____

Commercial Kitchen (yes/no): _____ # of Floors in Building: _____

*Knox Box (yes/no): _____ If yes, location: _____

Primary use of space (example: business, manufacturing, residential, storage, public assembly, education, institutional): _____

Other pertinent information:

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

1. _____

2. _____

3. _____

4. _____

This information will be strictly confidential and only used for the purpose of helping you during an emergency at your business.

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

Signature: _____

Date: _____

*Locked box external to offices which holds keys to offices or suites