City of Southaven

E9-1-1 EMERGENCY COMMUNICATIONS DIVISION

BUSINESS EMERGENCY CONTACT INFORMATION SHEET

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

BUSINESS PHONE (AT PREMISES): _____

CONTACT PERSON #1 _____

CELL PHONE: _____

HOME PHONE: _____

OTHER PHONE: _____

CONTACT PERSON #2 _____

CELL PHONE: _____

HOME PHONE: _____

OTHER PHONE: _____

CONTACT PERSON #3 _____

CELL PHONE: _____

HOME PHONE: _____

OTHER PHONE: _____

Note: The above information will only be used in case of an emergency and/or in the event that a key holder is needed at your place of business.