



EMERGENCY CONTACT INFORMATION
FOR
WENTZVILLE BUSINESSES

CONFIDENTIAL

Please fill out this form completely and return with your business license application.

Date ____/____/____ Name of Business _____
Address of Business _____ Phone _____

#1 Emergency contact name _____
Address _____ Phone _____

#2 Emergency contact name _____
Address _____ Phone _____

Night light	Yes _____	No _____
Strong box	Yes _____	No _____
Safe	Yes _____	No _____
Alarm	Yes _____	No _____

Type of Alarm _____

Company that installed and/or maintains alarm system _____
Address _____ Phone _____

Do you have private security on the premises? Yes _____ No _____
If so, what company? Name _____
Address _____ Phone _____

What hours are security guard(s) present?

Remarks:

Information received by: _____ Date: _____