



Business After-Hours Emergency Contact Form Clallam County Public Safety Agencies

Business Name: _____ _____	Type of business: _____ _____	Business phone numbers: _____ _____	
Physical address: _____ _____	Mailing Address (if different): _____ _____		
Directions, if applicable (include any gate code, etc., for law enforcement entry use): _____ _____			
After hours contacts with keys for building (in the order they should be called):			
Name:	Position:	Home phone:	Cell/pager:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Building owner (if different than business owner): Name: _____ Phone number(s): _____			
Hazard information (hazardous materials storage, guard dogs, etc.):			
Type:	Location in business:		
1) _____	_____		
2) _____	_____		
3) _____	_____		
Alarm system? (Yes) (No) If "yes", please complete the following: Type of alarm? (audible) (silent) (fire) (burglar) (panic) other _____ Alarm monitoring company name: _____ Phone: _____			
Form completed By: _____			Date: _____
			Data entry/ _____