Ottawa County Central Dispatch Authority

West Olive, MI 49460

☐ No Changes: The emergency contact information on file remains accurate.

Business/Facility Name: _____ Business Type: _____

Street Address: _____ City / Township: _____

Business Phone #: _____ After Hours Phone #: _____ Fax#: _____

Alarm Company: _____ Alarm Company Phone #: _____

Key or Lock / Knox Box Location (If applicable): _____

Email address where Inspection report can be sent: _____

Business Owner/Manager Information:

*This information is used in the case of an emergency that would require your immediate attention and would be the **primary** contact for this business/facility.*

Name: _____ Email: _____

Address: _____ Cell Phone: _____ Home: _____

Emergency Contact Information:

List at least three additional people who are in possession of a key and can or will respond in a timely manner to the business in an emergency situation.

	Name/Position	Cell Phone	Home Phone
1.			
2.			
3			

Building Owner Information:

Name: _____ Cell Phone: _____ Home: _____

AED on Site / Additional Information

AED on Site/Location? List potential hazards to responders or additional information regarding the facility.

_____

For Internal Use Only: Date form emailed to OCCD _____ / Initials: _____

Please email completed form to skowalczyk@allendalemi.gov