# 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: _____

Submit