



**CITY OF SANTA FE SPRINGS
DEPARTMENT OF POLICE SERVICES
EMERGENCY CONTACT/NOTIFICATION INFORMATION**

Business Name: _____

Manager/Supervisor: _____

Business Address: _____

Business Phone: () _____ **Fax:** () _____ **Bus. Hours:** _____

Hours Employees Normally On-Site: _____

Designated Contact During an Emergency:

Name: _____

Home Phone #: () _____ **Cell #:** () _____

On-Site Security Provisions: Yes No (Circle One)

Security Company: Name _____ **Phone #:** () _____

Security Alarm Company: Name _____ **Phone #:** () _____

Additional Emergency Contacts:

Name	Home Phone #	Cell #
_____ () _____	_____ () _____	_____ () _____
_____ () _____	_____ () _____	_____ () _____
_____ () _____	_____ () _____	_____ () _____