

Business Emergency Contact Information Form

Eaton Township is requesting after hours Emergency contact information for your business. The information will be utilized only in the event of an emergency: doors unlocked, flood, vandalism, fire, etc. As an emergency contact, the person listed must be able to respond within 15 minutes and make emergency decisions.

Name of Business: _____

Address: _____

Owner/Primary Contact: _____

e-mail: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Type of Business: _____

EMERGENCY CONTACT PERSON(S): NOTE: CONTACT PERSON SHOULD BE ABLE TO RESPOND IN 15 MINUTES

Emergency Contact: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Home Phone: _____

Cell Phone: _____

Please include any information that may affect an emergency responder to this address (example: hazmat, animals, locked gate, etc.)