



**Business Registration Form**

In order to better serve the business and property owners in the event of an emergency after normal business hours, please assist us by filling out the following information. Please list the names in the order you want us to call them. Your cooperation is appreciated. If you are the property owner, please forward this form to the business owner.

Business Name

Business Phone

Address of Business

Suite / Apartment Number

Block Lot Property Owner's Name

Phone

Alarm Company

Alarm Company Phone

Alarm Panel Location / Alarm Code to reset /

Password when calling alarm company

**Alarm Type:** FIRE HOLD UP BURGLARY ALL NONE

**Emergency Contacts**

First Person to Notify

Telephone Phone

Second Person to Notify

Telephone Phone

Third Person to Notify

Telephone Phone

IF APPLICABLE, PLEASE LIST ALL OTHER BUSINESSES THAT ALSO USE THE ABOVE ADDRESS:

\_\_\_\_\_

**KNOX Box Information**

KNOX Box on building: Yes /No If no box, when will one be installed? \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Box \_\_\_\_\_

Digital or Standard Key (select one)

**Miscellaneous Information**

Are any hazardous materials stored on site? Y/N (If yes, please describe in detail below:

\_\_\_\_\_

Basement: Yes / No Heat: Electric / Gas/Oil / Hot Air / Baseboard Water/Radiator /Steam /Radiant

Fire Alarm System: Yes / No Suppression System: Yes / No Sprinkler System: Yes / No