

# TRUSSVILLE POLICE DEPARTMENT

## EMERGENCY NOTIFICATION INFORMATION

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BUSINESS NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CORPORATE NAME \_\_\_\_\_

OWNER IF DBA OR LLC \_\_\_\_\_

MANAGERS NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU WISH TO BE PLACED ON THE POLICE EMERGENCY NOTIFICATION LIST? YES  NO

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### AFTER HOURS OR EMERGENCY CONTACTS

NAME

PHONE NUMBER

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INFORMATION PROVIDED BY

DATE

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THIS INFORMATION IS NECESSARY TO HELP US PROVIDE THE MOST EFFECTIVE EMERGENCY SERVICES. YOUR PROMPT COMPLETION AND RETURN OF THIS FORM IS GREATLY APPRECIATED. THIS INFORMATION IS FOR USE BY THE TRUSSVILLE POLICE DEPARTMENT COMMUNICATIONS CENTER FOR POLICE AND FIRE SERVICES AND WILL NOT BE RELEASED TO ANY OTHER ORGANIZATION. ANY QUESTIONS PLEASE CONTACT OFFICER PHIL DILLON WITH THE TRUSSVILLE POLICE DEPARTMENT'S BUSINESS SERVICES DIVISION BY CALLING 205-661-4019 OR EMAIL [PDILLON@TRUSSVILLE.ORG](mailto:PDILLON@TRUSSVILLE.ORG) . THANK YOU FOR YOUR COOPERATION.