



Lake County Central Dispatch

• • • • • **COMPLETE BOTH SIDES** • • • • •

About This Form

Submitting this form allows local police and fire agencies to **contact you**, in the event of an incident (break-in, fire, etc.) at your business. Information will be used only **in the event of an emergency**.

Instructions Business Information

Section 1	INSTRUCTIONS: If your business name is indicated by any signage on the exterior of the building, list that business name . If the main phone number is answered with a recording or automated attendant, indicate an inside phone number by which an employee can be reached immediately , if one is available. A separate form should be filled out for each business location or physical address.		
	BUSINESS NAME		MAIN BUSINESS PHONE # (PUBLIC)
	BUSINESS ADDRESS		PREMISE INSIDE PHONE # (IF DIFFERENT)
	BUSINESS CITY	NEAREST CROSS STREET(S)	TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)
Section 2	INSTRUCTIONS: Complete this section only if the business is monitored by a 24-hour alarm company , or if a private security firm patrols the business property. Otherwise, skip this section.		
	ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
	PRIVATE SECURITY COMPANY	PRIVATE SECURITY COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
Section 3	INSTRUCTIONS: Indicate any special instructions for finding your business or accessing the business property. Also note any gate codes , Knox box location or other pertinent information . Otherwise, skip this section.		
	SPECIAL INSTRUCTIONS OR DIRECTIONS		GATE CODE (IF APPLICABLE)
Section 4	INSTRUCTIONS: Indicate if any hazards exist on site. Also note any special needs or conditions of interest.		
	HAZARDOUS MATERIALS ON SITE (INDICATE SPECIFIC LOCATION)		AED Mark this box if there is a medical automatic external defibrillator (AED) <input type="checkbox"/> on the premises.

COMPLETE EMERGENCY CONTACT INFORMATION ON REVERSE SIDE Rev 10/2024

Lake County Central Dispatch BUSINESS EMERGENCY CONTACT INFORMATION

Emergency Contact Information

Primary Contact **INSTRUCTIONS:** In the event of an emergency, the dispatch center will begin with the **first** emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. Information will only be used in the event of an emergency. List as many contact persons as you wish.

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
NOTES		

Contact 2

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
NOTES		

Contact 3

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
NOTES		

Contact 4

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
NOTES		

Contact 5

CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
NOTES		

How To Submit This Form

MAIL	Mail this form to Lake County Central Dispatch at: Lake County Central Dispatch 800 10th St, Suite 120 Baldwin, MI 49304	E-MAIL You may also e-mail this form to: 911Director@co.lake.mi.us
-------------	---	--

Fax	Fax this form to Lake County Central Dispatch. The fax number is: (231) 745-6296
------------	--