



**BLACK MOUNTAIN POLICE & FIRE DEPARTMENT
EMERGENCY CONTACT SHEET**

Date: _____

Business Name: _____

Business Location: _____

Business Phone Number: _____

Mailing Address: _____

Owner(s) Name: _____

Owner(s) Phone Number: _____

In Case of Emergency –

1st Contact Name & Phone #: _____

2nd Contact Name & Phone #: _____

3rd Contact Name & Phone #: _____

Is there a security alarm at this place of business? YES _____ No _____

Alarm company name and phone #: _____

Is there a fire alarm at this place of business? YES _____ No _____

Alarm company name and phone #: _____

Miscellaneous Information:

