

## **Thayer Police Department Daryl Childers, Chief of Police**

102 Front St. - P.O. Box 76 Thayer, MO 65791 Phone: (417)264-3819 Fax: (417)264-3389



## **Emergency Business/Organization Contact Information Form**

Business/Organiza	tion Name				
Business/Organiza	tion Street Address (no	o route addresses)			
Business/Orga	nization Hours	Business Phone			
Sunday	to	Write in any addition	nal husiness	inforn	
Monday	to	•			
Tuesday	to	_			
Wednesday	to	_			
Thursday	to				
Friday	to	_			
Saturday	to				
<b>Emergency Contact</b>	ts				
1. Name		_ Home	Cell		
2. Name		_ Home	Cell		
3. Name		_ Home	Cell		
4. Name		_ Home	Cell		
5. Name		_ Home	Cell		
Does your business have video surveillance?				Yes	No
Does your business keep firearms on premises?				Yes	No
Does your business keep alcohol or tobacco on premises?				Yes	No
Does your business	s keep hazardous mate	erials on premises? (If yes,	attach list)	Yes	No
Does your business have an alarm system? Yes No Is it audible?				Yes	No
What type: (circle	all that apply) Burgl	ary Panic/Holdup	Smoke/Fire	M	edical
Alarm Company		Alarm Co	Phone		
Signature of Autho	rized Individual Havin	g Control Responsibilities	 Date		

All information contained on this form is intended for exclusive use by the Thayer Police Department in the event of an emergency or other situation requiring the need for business or organization personnel to be notified. All information contained herein will be kept on file at the Thayer Police Department and considered strictly confidential. No information shall be disclosed to any person without the expressed permission of the individual whose signature appears above.