



Emergency Contact Information



BUSINESS CONTACT FORM

DATE*: _____

NAME OF BUSINESS*: _____

OWNER/MANAGER: _____

BUSINESS ADDRESS*: _____

BUSINESS PHONE#*: _____ FAX#: _____

E-MAIL ADDRESS: _____

ALARM COMPANY: _____

EMERGENCY CONTACTS*: (within 30 minutes of business)

1) _____ PHONE#: _____

2) _____ PHONE#: _____

3) _____ PHONE#: _____

Is there a Knox key box installed for this property? YES ___ NO ___

Location of Knox key Box/Lock/Key Switch: _____

**REGISTER YOUR BUSINESS FOR EMERGENCY / CRITICAL NOTIFICATIONS BY
RETURNING THIS FORM TO**

firecode@tomballtx.gov

OR

REGISTER THIS INFORMATION ONLINE AT www.tomballtx.gov/emergencycontact

YOU WILL NEVER BE ASKED TO PROVIDE SECURITY CODES FOR BURGLAR SYSTEMS

****Denotes required information***