



Dear Novi Business Owner:

To better service the needs of the Novi business owners, we have developed this form to enable us to contact you in the event of an emergency at your business.

Please complete this form as accurately as possible. The contents of this form will be loaded into our department computer, and will not be given to anyone else.

Name: _____ Local Phone: _____

Local Address: _____ Suite/Apt: _____

Business/Specialty (food, retail, doctor, church, etc.) _____

Hours of Operation: _____

Emergency Contacts (owners, managers, key holders, etc.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Business Alarmed? Y or N Alarm Type: (police, fire, medical) _____

Alarm Company: _____ Phone: _____

Please list any information that would be helpful for us to know (guard dog(s), haz-mat)

The Novi Police Thanks You for Your Assistance!

Office use only

Exact Location: _____ Date: _____