

KING COUNTY SHERIFF'S OFFICE
EMERGENCY NOTIFICATION INFORMATION – BUSINESS/ALARMED PREMISES

Name of Business: _____ District: _____
Address of Business: _____ Date: _____
Phone: _____

Owner: _____
Home Address: _____ Phone: _____

Any Hazards or Hazardous Materials on Premises: No Yes Describe: _____

In Case of Emergency, Notify:

1. Name: _____	Indicates able to disarm/reset alarm: <input type="checkbox"/>
2. Name: _____	Phone: _____ <input type="checkbox"/>
3. Name: _____	Phone: _____ <input type="checkbox"/>
Alarm Co: _____	Phone: _____