



Mackinac County 911

BUSINESS EMERGENCY CONTACT INFORMATION



• • • • • **COMPLETE BOTH SIDES** • • • • •

About This Form

Submitting this form allows local police and fire agencies to **contact you**, in the event of an incident (break-in, fire, etc.) at your business. Information will be used only **in the event of an emergency**.

Instructions

Thank you for submitting emergency contact information for your business. This information will only be used in the event of an after-hours emergency or incident at your business. Information will not be shared outside of law enforcement agencies and the fire department. All information is optional. **Business owners please note: You must contact the Mackinac County 911 Coordinator with updated or new contact information.** Updates are accepted as often as is necessary.

In the event of an incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. It would be necessary for that person to respond with keys to the property, and a proper alarm code if applicable.

Please provide the information requested below, providing as many details as possible. Contact information will be kept strictly confidential and only used for notification purposes by law enforcement and/or the fire department.

If you have questions about this form or how information will be stored and used, contact the Mackinac County 911 Coordinator at 906-643-3391.

Business Information

Section 1	INSTRUCTIONS: If your business name is indicated by any signage on the exterior of the building, list that business name . If the main phone number is answered with a recording or automated attendant, indicate an inside phone number by which an employee can be reached immediately , if one is available. A separate form should be filled out for each business location or physical address.		
	BUSINESS NAME		MAIN BUSINESS PHONE # (PUBLIC)
	BUSINESS ADDRESS		PREMISE INSIDE PHONE # (IF DIFFERENT)
Section 2	BUSINESS CITY	NEAREST CROSS STREET(S)	TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)
	INSTRUCTIONS: Complete this section only if the business is monitored by a 24-hour alarm company , or if a private security firm patrols the business property. Otherwise, skip this section.		
Section 3	ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
	PRIVATE SECURITY COMPANY	PRIVATE SECURITY COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
Section 4	INSTRUCTIONS: Indicate any special instructions for finding your business or accessing the business property. Also note any gate codes, Knox box location or other pertinent information . Otherwise, skip this section.		
	SPECIAL INSTRUCTIONS OR DIRECTIONS		DOOR/GATE CODE (IF APPLICABLE)
Section 5	INSTRUCTIONS: Indicate if any hazards exist on site. Also note any special needs or conditions of interest.		
	HAZARDOUS MATERIALS ON SITE (INDICATE SPECIFIC LOCATION)		AED <input type="checkbox"/> Mark this box if there is a medical automatic external defibrillator (AED) on the premises.

COMPLETE EMERGENCY CONTACT INFORMATION ON REVERSE SIDE


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Emergency Contact Information

Primary Contact	INSTRUCTIONS: In the event of an emergency, the dispatch center will begin with the first emergency contact and proceed down the list until a responsible party is notified. List contacts in your preferred notification order preference. Information will only be used in the event of an emergency. List as many contact persons as you wish.		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
Contact 2	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 3	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 4	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		
	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
Contact 5	CONTACT NAME		TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE	PAGER OR OTHER NUMBER
	NOTES		

How To Submit This Form

	MAIL Mail this form to the Mackinac County 911 Coordinator at the following address:	E-MAIL You may also e-mail this form to: btracy@mack911em.org
	Mackinac County 911 Coordinator 100 S. Marley St. St. Ignace, MI 49781	

	Fax Fax this form to the Mackinac County 911 Coordinator. The fax number is:
	906-643-7964

	Info To reach a non-emergency 911 dispatcher, 24-hours a day, call 906-495-2142.
	The Mackinac County 911 Coordinator business office can be reached at 906-643-3391.